MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16886 — 16888

1. DECEASED-NAME (Type or print): First: SAMUEL; Middle: NMN; Lost: ADLER
2a. DATE OF DEATH: Month: 11; Day: 8; Year: 72
2b. HOUR: 7 20 P M
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: 7-21-01
6. AGE (In years last birthday): 71 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): NEW YORK
7b. CITIZEN OF WHAT COUNTRY?: U S A
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: BALTO. Md.
10. CITY OR TOWN OF DEATH: BALTIMORE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): BCGH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): RETIRED GOV'T
12b. KIND OF BUSINESS OR INDUSTRY: SOC. SECURITY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY: BALTO.
13c. CITY OR TOWN:
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 7934 DUNHILL VILLAGE CR.
14. FATHER'S NAME: First: HENRY; Middle: ; Lost: ADLER
15. MOTHER'S MAIDEN NAME: First: SARAH; Middle: ; Lost: HIRSCHFELD
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW I (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 100-16-4874
17. INFORMANT: Address: MRS ELSE ADLER 7934 DUNHILL VILLAGE CR. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MASSIVE Cerebral HEMORRHAGE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8-12 HRS
DUE TO, OR AS A CONSEQUENCE OF
(b): Hypertensive CARDIOVASCULAR
DUE TO, OR AS A CONSEQUENCE OF
(c): disease — years.
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medicol examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospitol) ottended the deceased from 11-8, 19 72, to 11-8, 19 72, that (I) (we) last saw the deceased alive on 11-8-72 19 72, and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE: [signature] DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: 11-8-72
22d. PHYSICIAN'S NAME (Type): BALTIMORE COUNTY GEN. HOSP.
22e. ADDRESS: OLD COURT ROAD

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11/10/72
23c. NAME OF CEMETERY OR CREMATORY: CHEVRA AHAVAS CHESED
23d. LOCATION (City or Town) (County) (State): RANDALLSTOWN, Md.
24. FUNERAL DIRECTOR: SOL LEVINSON & BROS
ADDRESS: 6010 REISTERSTOWN ROAD
25a. REC'D BY REGISTRAR DATE: NOV 14 1972
25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers — Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
25m-1/70

Items 18-22a Film 456 1/24/73 mS

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16887 — 16889

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Items 18, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First	Middle	Lost	2a. DATE KNOWN OF DEATH ☒ ESTIMATED ☐	Month	Day	Year	2b. HOUR
	Anna	Marie	Andolino		11	23	1972	4:45 A. M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Female	White	5-2-30 - 42 yrs.	42 YRS.			11	23	1972	4:45 A. M
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH						
Mt. Pleasant, Pa.	U.S.A.	separated	Baltimore Md.						
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY						
Catonsville	Spring Grove Hospital	Clerk, Soc. Sec.							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER					
Maryland	Baltimore	Essex		1170 Foxwood Lane					
14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost				
Samuel		Blasetti	Anita		Basile				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
no			Mrs. Blasetti	637 S. Grundy St.					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocarditis, probably viral — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. 9803

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	11/23/ 19 72	Synergistic effect of multiple drugs

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	hospital		Catonsville	Balto.,	Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☒

ACTUAL SIGNATURE W P Mulloy M.D.

EXAMINER'S NAME (Type) William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11-24-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/27/72	Holy Redeemer Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Joseph N. Zannino, 263 S. Conkling St. 21224	DEC 1 1972	Sidney Winston

DHMH-17 1/71 10M
(VR A15ME (5)

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16888 — 16890

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: Michael	Middle: Reid	Last: Armstrong	2a. DATE OF DEATH KNOWN XX / ESTIMATED ☐ Month: 11	Day: 25	Year: 1972
2b. HOUR: M					
3. SEX: male	4. RACE: White	5. DATE OF BIRTH: Dec. 30, 1951	6. AGE (In years last birthday): 20 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month: 11	Day: 25	Year: 1972
2d. HOUR: 2:24a M					
7a. BIRTHPLACE (State or foreign country): Balto., Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED X / WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Balto.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto. Co. General Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Dry wall finisher	12b. KIND OF BUSINESS OR INDUSTRY: Halle Const. Co.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES ☐ NO X	13e. STREET AND NUMBER: 210 Bloomsbury Avenue	
14. FATHER'S NAME First Middle Last: Thomas T. Armstrong, Jr.	15. MOTHER'S MAIDEN NAME First Middle Last: Dorothy Abbott				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): --	16b. SOCIAL SECURITY NO.: 213-58-3627	17. INFORMANT: Thomas T. Armstrong, Jr. ADDRESS: 210 Bloomsbury Ave. - Md. Catonsville,			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intravenous narcotism
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 3049

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES XX NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took charge of the remains described above, held an Autopsy XX Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes XX, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER XX
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 11/26/72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/28/72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Sterling Funeral Estate	ADDRESS: 736 Edmondson Ave. Catonsville, Md. 21228	25a. REC'D BY REGISTRAR DATE: DEC 1 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16889 — 16891

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	William / E. / Asher	2a. DATE OF DEATH Month / Day / Year	11 / 10 / 72
2b. HOUR	1:45 PM		
3. SEX	Male	4. RACE	W
5. DATE OF BIRTH	8-31-01	6. AGE (In years last birthday)	71 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	St. Joseph
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired	12b. KIND OF BUSINESS OR INDUSTRY	Edgewood U.S. Army
13a. USUAL RESIDENCE (Where deceased lived, if institutian: Residence before admission) STATE	Maryland	13b. COUNTY	
13c. CITY OR TOWN	Baltimore 14	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	
13e. STREET AND NUMBER	4626 Harcourt Rd. 21214		
14. FATHER'S NAME First / Middle / Last	Asher	15. MOTHER'S MAIDEN NAME First / Middle / Last	Annie Rollins
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No	(If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	220-20-7460	17. INFORMANT Address	Mrs. Joyce A. Gildea 4625 Harcourt Rd. 21214

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of the prostate with possible metastasis

185X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS ☐ UNDERLYING CAUSE OF DEATH ☐ DR CONTRIBUTING (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 10-26, 19 72, to 11-10, 19 72, that (I) (we) last saw the deceased alive on 11-10 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Machenal - Dijamco, M.D.	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11-10-72
22d. PHYSICIAN'S NAME (Type)	Alice Lachenal, M.D.	22e. ADDRESS	7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	11-13-72	Druid Ridge	Pikesville	Md.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
H. W. Jenkins & Sons Co.	4905 York Road Balto., Md. 21212	NOV 13 1972	Sidney M Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16890 — 16892

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removol, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Lost	2o. DATE OF DEATH Month	Doy	Yeor	2b. HOUR
ARCHIE	BOYD	ATHEY	November	4	1972	10:00 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In yeors lost birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
MALE	WHITE	1/5/1889	83 YRS.				

7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
VIRGINIA	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
FORT HOWARD	VETERANS ADMINISTRATION	CARPENTER	U.S. GOV'T.

13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	BALTIMORE	Baltimore	YES [ ] NO [X]	9602 Tenth Avenue

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Last
GEORGE	E.	ATHEY	GEORGETTE		ROWLAND

16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
YES	WW I	217 03 4865	Clin. Recds. VA Hospital, Ft. Howard, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (o), (b), ond (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) COMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS

DUE TO, OR AS A CONSEQUENCE OF

(b) CEREBRAL HEMORRHAGE — 2 MONTHS

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. 4319

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

ARTERIOSCLEROTIC CEREBRO VASCULAR DISEASE

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While ot work [ ] Not while ot work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22o. **I certify** thot [X] (this hospitol) ottended the deceosed from 11/3, 19 72, to 11/4, 19 72, that [X] (we) last saw the deceased olive an 11/4 19 72, ond thot in [X] (our) opinion deoth occurred on the dote ond hour ond from the couses stoted above, [X] (we) (did) [X] view the body after deoth.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Bernardino A. Alonso, M.D.		[ ]	[ ]	[X]	11/4/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
BERNARDINO A. ALONSO, M.D.	V.A. Hospital, Ft. Howard, Md. 21052

23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
BURIAL	11/7/72.	DULANEY VALLEY MEM. GARDEN	Cockeysville, Maryland

24. FUNERAL DIRECTOR	ADDRESS	25o. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck	5303 Harford Road Baltimore, Maryland	NOV 8 1972	Sidney H. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16891
Item#23b, FilmG454 12/1/72 kam

16893

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 3DM
(VR A15 (4)

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
ZOLA	NADIENE	BAILEY	NOV.	20	1972	2 45 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
FEMALE	WHITE	2/16/92	80 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH
Md	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Mt. Wilson	Mt. Wilson State Hosp.	NURSE	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER
Md.		BALTO		3630 ELM AVE.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
PHILLIP		LEE	CATHERINE		BUCKINGHAM

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
7110781 56		Records, Mt. Wilson State Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC FAILURE
DUE TO, OR AS A CONSEQUENCE OF
(b) ARTERIOSCLEROTIC HEART DISEASE
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
H123
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
DECUBITUS ULCERS

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 3/25, 1971, to 11/20 1972, that (I) (we) last saw the deceased alive on 11/20 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Elmer P. Sauer M.D.		☐	☒	☐	11/30/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Elmer P. Sauer, M.D.	Mt. Wilson, Md. 21112

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	11-24-72	Woodlawn	Baltimore Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
F.W. Seitz Funeral Home	824 N 36th St	NOV 24 1972	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16892

16894

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: JEROME; Middle: CAREY; Last: BAKER
2a. DATE OF DEATH	NOVEMBER (Month) 7 (Day) 1972 (Year)
2b. HOUR	3:15 P.M.
3. SEX	MALE
4. RACE	CAUCASIAN
5. DATE OF BIRTH	4/12/21
6. AGE (In years last birthday)	51 YRS.
IF UNDER 1 YEAR	MONTHS / DAYS
IF UNDER 24 HRS.	HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	BALTO. MARYLAND
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	FORT HOWARD
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street and number)	VETERANS ADMIN. HOSPITAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	HELPER
12b. KIND OF BUSINESS OR INDUSTRY	TRUCKING
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MARYLAND
13b. COUNTY	—
13c. CITY OR TOWN	BALTIMORE
13d. INSIDE CITY LIMITS?	YES [X] NO [ ]
13e. STREET AND NUMBER	1333 Ramsey Street 21223
14. FATHER'S NAME First / Middle / Last	JOSEPH / / BAKER
15. MOTHER'S MAIDEN NAME First / Middle / Last	LORETTA Barker UNKNOWN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	WWII
(If yes, give war or dates of service)	WWII
16b. SOCIAL SECURITY NO.	214 16 6671
17. INFORMANT Address	CLIN. RECDS., VAH, FORT HOWARD, MARYLAND

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE PULMONARY EDEMA	2 HOURS
DUE TO, OR AS A CONSEQUENCE OF (b)	MYOCARDIAL INFARCTION	2 HOURS
DUE TO, OR AS A CONSEQUENCE OF (c)	CARCINOMA OF LUNG	8 YEARS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1621

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from APRIL 14, 19 72, to NOV. 7, 19 72, that (I) (we) last saw the deceased alive on NOVEMBER 7 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE G. Dendrinos DEGREE ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED 11/8/72

22d. PHYSICIAN'S NAME (Type) GEORGE J. DENDRINOS, M.D.

22e. ADDRESS VAH, FORT HOWARD, MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	11/10/72	BALTIMORE NATIONAL	BALTIMORE, MARYLAND	
24. FUNERAL DIRECTOR	WALTERS FUNERAL HOME	ADDRESS	2Sa. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
	2122 PRATT&STRICKER STREET		NOV 10 1972	Sidney H. Norton

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16893 — 16895

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word 'pending' in pencil in Items 18, Give Pages 1 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, Baltimore, Md. 21201 with Form DHMH-1771/71 10M (VR A1SME (5)). Page 3 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: BARBARA	Middle:	Last: Barenz	2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month: 11 Day: 7 Year: 1972	2b. HOUR: 9 35 A M		
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 11-7-52	6. AGE (In years last birthday): 20 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month: 11 Day: 7 Year: 1972	2d. HOUR: 9 35 A M	
7a. BIRTHPLACE (State or foreign country): Balto Md	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore. Md.			
10. CITY OR TOWN OF DEATH: Balto Ronsville 237	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Franklin Square	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Student & Part Time	12b. KIND OF BUSINESS OR INDUSTRY: Harford Jr College & Drug Shop			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Harford	13c. CITY OR TOWN: Belair	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 720 Bedford Rd 21014		
14. FATHER'S NAME First: George	Middle: W.	Last: Barenz	15. MOTHER'S MAIDEN NAME First: Regina	Middle:	Last: Kotowski	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 218-60-3537 801-09-3422	17. INFORMANT	ADDRESS 21014 Mr. George Barenz 720 Bedford Rd. Belair, Md.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple Traumatic Injuries — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. > 8129

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒	
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 1245 pm 11-4 1972	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Car collision head on.	
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Street	21f. LOCATION Street or R.F.D. No.: ST 755-1000' N of 543 40	City or Town: Edgewood	County: Harford	State: Md

22a. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John C. Hyde M.D.
EXAMINER'S NAME (Type): JOHN C. Hyde
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county): 7527 Belair Rd, Balt 26
22b. DATE SIGNED: 11-7-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 11, 1972	23c. NAME OF CEMETERY OR CREMATORY: Belair Mem. Gardens	23d. LOCATION (City or Town) (County) (State): Belair, Harford Maryland	
24. FUNERAL DIRECTOR: E.F. Lassahn, 11750 Belair Rd. Kingsville, Md.	ADDRESS 21087	25a. REC'D BY REGISTRAR DATE NOV 13 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

16894

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16896

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
MAY	S.	BARNETT	NOV.	16	1972	2:15 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
FEMALE	CAUCASIAN	05-18-80	92 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
PA.	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TOWSON	GRTR.BALTO.MED.CNTR.	Homemaker	Own Home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
MD.	BALTO.	TOWSON		611 SUSSEX RD.

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
SAMUEL		SWARTZ	DELIA		SHROCK

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
UNK.		G.B.M.C., ADMISSION FORM

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIAC ARREST

4270

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) CONGESTIVE HEART FAILURE, PLEURAL EFFUSION

DUE TO, OR AS A CONSEQUENCE OF (c) ~~XXXXXXXXXXXXXXXX~~

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that ~~I~~ (this hospital) attended the deceased from 11-13, 1972, to 11-16, 19 72, that ~~I~~ (we) last saw the deceased alive on 11-16-72 19, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above, ~~I~~ (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
J.C. WANG,					11-16-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
J. C. Wang	6701 N.CHARLES ST., TOWSON, MD. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Rem./Burial	Nov. 18, 1972	Lutheran Cemetery	Worthington, Armstrong Co., Pa.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maryland	NOV 17 1972	Sidney H. Watson

OHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16895 16897

1. DECEASED-NAME (Type or print): First Johannette Middle L. Last Barranger
2a. DATE OF DEATH: Month Nov. Day 14 Year 1972
2b. HOUR: 11:45 AM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: May 26, 1898
6. AGE (In years last birthday): 74 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Reisterstown
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 102 Sunnydale Way
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: ---
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Balto.
13c. CITY OR TOWN: Reisterstown
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 5 Sunnyking Drive
14. FATHER'S NAME First Louis Middle Messerschmidt Last
15. MOTHER'S MAIDEN NAME First Ernestine Middle Link Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 212-01-5114D
17. INFORMANT: Mrs. Gloria Eser Address: 5 Sunnyking Dr. Reisterstown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident - acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4369

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from September 15, 1972 to November 14 1972, that (I) (we) last saw the deceased alive on November 14 1972, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: C E McWilliams M.D. DEGREE
ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11-14-72
22d. PHYSICIAN'S NAME (Type): C. E. McWilliams
22e. ADDRESS: Reisterstown Maryland 21136

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 17, 1972
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
23d. LOCATION (City or Town) Pikesville (County) (State) Maryland
24. FUNERAL DIRECTOR: H. J. Eckhardt
ADDRESS: Owings Mills, Md.
25a. REC'D BY REGISTRAR DATE: NOV 20 1972
25b. REGISTRAR'S SIGNATURE: Sidney [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-18 1/71 30M
(VR A15 (4))

16896

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16898

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First: ANNA	Middle:	Last: BENESCH	2a. DATE OF DEATH Month: NOVEMBER Day: 3, Year: 1972
2b. HOUR: 2 A. M			
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 9/20/1893	6. AGE (In years last birthday): 79 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): PHILADELPHIA, PA.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: BALTIMORE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 130 SLADE AVENUE, APT. 107	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY: AT HOME
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 130 SLADE AVENUE, APT. 107			
14. FATHER'S NAME First:	Middle:	Last: FRIEDMAN	15. MOTHER'S MAIDEN NAME First: RACHEL Middle: Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: MR. ELI BENESCH, 130 SLADE AVENUE, APT. 107 Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardio Respiratory Failure

DUE TO, OR AS A CONSEQUENCE OF (b): Myocardial Infarction Massive Hypertensive Art. Cvd D

DUE TO, OR AS A CONSEQUENCE OF (c): Gen. Cerebral Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4100

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Manth Doy Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from Mar 19, 1962, to Nov 3, 1972, that (I) (we) last saw the deceased alive on Nov 3, 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Willard Applefeld DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/3/72	
22d. PHYSICIAN'S NAME (Type): WILLIARD APPLEFELD	22e. ADDRESS: 6615 REISTERSTOWN ROAD		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/5/72	23c. NAME OF CEMETERY OR CREMATORY: BALTIMORE HEBREW	23d. LOCATION (City or Town) (County) (State): BALTIMORE, MARYLAND	
24. FUNERAL DIRECTOR ADDRESS: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD	25a. REC'D BY REGISTRAR DATE: NOV 8 1972	25b. REGISTRAR'S SIGNATURE: Sidney M. Norton		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16897 — 16899

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: ELLAMAE	Middle:	Last: BENHOFF	
2a. DATE OF DEATH	Month: NOV.	Day: 10	Year: 1972	2b. HOUR: 3:50 A M
3. SEX	FEMALE			
4. RACE	CAUCASIAN			
5. DATE OF BIRTH	10-06-97			
6. AGE (In years last birthday)	75 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	MD.			
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.			
8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	WIDOWED X			
9. COUNTY OF DEATH	BALTIMORE Md.			
10. CITY OR TOWN OF DEATH	TOWSON			
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	GRTR. BALTO. MED. CNTR.			
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	HOMEMAKER			
12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MD			
13b. COUNTY	BALTO.			
13c. CITY OR TOWN	TOWSON			
13d. INSIDE CITY LIMITS?	YES X NO			
13e. STREET AND NUMBER	204 E. JOPPA ROAD			
14. FATHER'S NAME	First: GEORGE	Middle:	Last: KIRKWOOD	
15. MOTHER'S MAIDEN NAME	First: MARY	Middle: REHBERGER	Last: KXXKXXXD	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	UNK			
16b. SOCIAL SECURITY NO.	214-01-4231B			
17. INFORMANT	Address: G.B.M.C., ADMISSION FORM			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIORULMONARY ARREST	15 min.
DUE TO, OR AS A CONSEQUENCE OF (b)	ACUTE MYOCARDIAL INFARCTION	36 hr.
DUE TO, OR AS A CONSEQUENCE OF (c)		

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO X	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS / OR CONTRIBUTING / (If either, notify medical examiner) — UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 11-08, 19 72, to 11-10, 19 72, that (I) (we) last saw the deceased alive on 11-10-72 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Albert J. Dietz M.D. — DEGREE: ATTENDING PHYS. / MED. DIRECTOR / STAFF PHYS. X	22c. DATE SIGNED: 11-10-72
22d. PHYSICIAN'S NAME (Type)	ALBERT DIETZ, M.D.	22e. ADDRESS: 6701 N. CHARLES ST., TOWSON, DM. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 11/13/72.	23c. NAME OF CEMETERY OR CREMATORY: Mt Carmel	23d. LOCATION (City or Town): Baltimore	(County) (State): Md.
24. FUNERAL DIRECTOR: Mitchell-Kirkfield Funeral Home	ADDRESS: 6000 York Rd	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Evangeline Watson	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16898 16900

1. DECEASED-NAME (Type or print): First ANDREW Middle FRANKLIN Last BENNIE
2a. DATE OF DEATH: Month Nov. Day 11, Year 1972
2b. HOUR: 10.50 P.M.
3. SEX: male
4. RACE: caucasian
5. DATE OF BIRTH: July 26, 1907
6. AGE (In years last birthday): 65 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Penna.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Balto.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 2810 Alvarado Sq.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Tandem Mill Roller
12b. KIND OF BUSINESS OR INDUSTRY: Beth.Steel
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Balto.
13c. CITY OR TOWN: Balto.
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 2810 Alvarado Sq.
14. FATHER'S NAME First Franklin Middle Last Bennie
15. MOTHER'S MAIDEN NAME First Laura Middle Last Griffith
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 215-09-6954
17. INFORMANT: Mrs. Anita A. Bennie, Address: 2810 AlvaradoSq.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) carcinomatosis. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 Months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Cancer of lung — 1 yr
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Nat while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this haspital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive an _____ 19____, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Harold H. Burns MD-FACS DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 11-13-72
22d. PHYSICIAN'S NAME (Type): Dr. Harold H. Burns
22e. ADDRESS: 8106 Harford Rd, Balto, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Nov. 14, 1972
23c. NAME OF CEMETERY OR CREMATORY: Moreland Mem.
23d. LOCATION (City or Town) (County) (State): Balto, Md.
24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, Inc.-Balto, Md.
25a. REC'D BY REGISTRAR DATE: NOV 14 1972
25b. REGISTRAR'S SIGNATURE: Audrey M. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 7/71 30M
(VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

16899 — 16901

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First ELENA Middle Maria Last BERGEN
2a. DATE OF DEATH: Month 11 Day 17 Year 72
2b. HOUR: 5:15 AM
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: 3-16-97
6. AGE (In years last birthday): 75 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): NEW JERSEY
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: RANDALLSTOWN
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RAD. CHAV. CENTER 9109 LIBERTY ROAD
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD
13b. COUNTY: BALTO
13c. CITY OR TOWN: 21207
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 710 CLIFFEDGE RD
14. FATHER'S NAME First John Middle Last LINUS
15. MOTHER'S MAIDEN NAME First ELLEN Middle M. Last MCATEE
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 215-01-4152
17. INFORMANT: Mary Tillman RN. Address: 9109 Liberty RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4369
IMMEDIATE CAUSE (a): Cerebro Vascular accident. — ?
DUE TO, OR AS A CONSEQUENCE OF
(b): Atherosclerosis — ?
DUE TO, OR AS A CONSEQUENCE OF
(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I **certify** that (I) (this haspital) attended the deceased from _____, 19____, ta _____, 19____, that (I) (we) last saw the deceased alive an 11-17-19 72 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE: A.H. Ghiladi DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): A.H. GHILADI
22e. ADDRESS: 1926 W. Northern pKwy Balto

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 20-72
23c. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
23d. LOCATION (City or Town) (County) (State): Old Frederick Rd Balto, Md
24. FUNERAL DIRECTOR: Frank H Newell Inc ADDRESS: Pasadena Md
25a. REC'D BY REGISTRAR DATE: NOV 24 1972
25b. REGISTRAR'S SIGNATURE: Sidney J. Norton

VR A 15 (4) 25m-1-70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

16900 — 16902

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 25m-1/70

1. DECEASED-NAME (Type or print) First	Lydia	Middle F.	Last Betz
2a. DATE OF DEATH Month Day Year	Nov. 4, 1972		2b. HOUR M
3. SEX	Female		
4. RACE	White		
5. DATE OF BIRTH	6/18/'95		
6. AGE (In years last birthday)	77 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	Maryland		
7b. CITIZEN OF WHAT COUNTRY?	USA		
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐			
9. COUNTY OF DEATH	Baltimore Md.		
10. CITY OR TOWN OF DEATH	Baltimore		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Home Perring Pkwy Nursing		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Assemby Line Worker		
12b. KIND OF BUSINESS OR INDUSTRY	Santa Novelties		
13a. USUAL RESIDENCE (Where deceased lived, if institutian: Residence before admission) STATE	Maryland		
13b. COUNTY			
13c. CITY OR TOWN	Baltimore		
13d. INSIDE CITY LIMITS? YES ☒ NO ☐			
13e. STREET AND NUMBER	117 S. Robinson Street		
14. FATHER'S NAME First	William	Middle Teubner	Last
15. MOTHER'S MAIDEN NAME First	?	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No		
16b. SOCIAL SECURITY NO.	212-22-3417A		
17. INFORMANT Address	Mr. William E. Betz 6611 Loch Raven Blvd.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CVA
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditians, if any, which gave rise ta immediate couse (a), stating the underlying cause last. 4369

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Manth Day Year 19	21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at wark ☐ Nat while at wark ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street ar R.F.D. Na. / City ar Tawn / Caunty / State	

22a. **I certify** that (I) (this haspital) attended the deceased from _____, 19____, ta _____, 19____, thot (I) (we) last saw the deceased alive on _____ 19____, and thot in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE DEGREE	Gracito V. Patricio	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type)	GRACITO V. PATRICIO	22e. ADDRESS	4504 Hunfast Road.
23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b. DATE 11/7/1972	23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
23d. LOCATION (City ar Town) (Caunty) (State)	Baltimore, Maryland		
24. FUNERAL DIRECTOR ADDRESS	3000 E. Baltimore St. Baltimore, Md. 21224	25a. REC'D BY REGISTRAR DATE	NOV 8 1972
25b. REGISTRAR'S SIGNATURE	Sidney M. Norton		

1

16901

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16903

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First: HARRY	Middle: F.	Last: BLEAKLEY, SR.	2a. DATE OF DEATH Month: NOV Day: 11 Year: 1972
2b. HOUR: 1P M			
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: AUG 21, 1891	6. AGE (In years last birthday): 81 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): MD	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: PARKVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 3009 ACTON RD	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): CARPENTER	12b. KIND OF BUSINESS OR INDUSTRY: BUILDING
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: BALTO	13c. CITY OR TOWN: PARKVILLE	13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 3009 ACTON RD			
14. FATHER'S NAME First: EUGENE	Middle:	Last: BLEAKLEY	15. MOTHER'S MAIDEN NAME First: KATHERINE Middle:	Last: SIMMONS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-09-2565-A	17. INFORMANT: HARRY F BLEAKLEY JR	Address: 4215 MANORVIEW ROAD

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction, Acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: -minutes-

DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Cardiovascular Disease, Chronic — ± 2 yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

DUE TO, OR AS A CONSEQUENCE OF (c): —

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: None	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 10 July, 1950, to 11 Nov, 1972, that (I) (~~we~~) last saw the deceased alive on 230ct72 19—, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Edward L. J Molz M.D. DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 13 Nov 72.	
22d. PHYSICIAN'S NAME (Type): EDWARD L. J MOLZ M.D.	22e. ADDRESS: 7425 HARFORD RD		
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: NOV 13 - 1972	23c. NAME OF CEMETERY OR CREMATORY: FARKWOOD	23d. LOCATION (City or Town): BALTO (County): (State): MD
24. FUNERAL DIRECTOR: C.F. EVANS & SON	ADDRESS: 8802 HARFORD RD	25a. REC'D BY REGISTRAR DATE: NOV 15 1972	25b. REGISTRAR'S SIGNATURE: Audrey H Norton

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16902

CERTIFICATE OF DEATH

16904

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: NAOMI	Middle:	Last: BLONDHEIM	2a. DATE OF DEATH: Month November	Day 22	Year 1972
2b. HOUR	9:15 M					
3. SEX	Female	4. RACE	Caucasian	5. DATE OF BIRTH	11 Aug 1907	6. AGE (In years last birthday) 65 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.					
7a. BIRTHPLACE (State or foreign country)	Md.	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]		9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH	Raspeburg	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	6022 Nahant Rd. 21206	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	Balto.	13c. CITY OR TOWN	Raspeburg	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER	6022 Nahant Rd. 21206					
14. FATHER'S NAME First	William L. Joy	Middle		Last		
15. MOTHER'S MAIDEN NAME First	Clora D. Sewell	Middle		Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	no	(If yes give war or dates of service)		16b. SOCIAL SECURITY NO.		17. INFORMANT Address 21206: Mrs. Anna Malloy, 4723 Homesdale Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Anasarca - congestive failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

492X

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b): Myocardial insufficiency - coronarosclerosis

DUE TO, OR AS A CONSEQUENCE OF (c): Emphysema

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / Stote

22a. I certify that (I) (this haspital) attended the deceased from _____, 1950, to _____, 1972, that (I) (we) last saw the deceased alive on 10/17 1972, and that in (my) (our) opinion death occurred on the dote and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Theodore J Graziano	DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]
22c. DATE SIGNED	11/24/72				
22d. PHYSICIAN'S NAME (Type)	Theodore J. Graziano	22e. ADDRESS	1654 E. Belvedere Ave. 21212		

23a. BURIAL, CREMATION, REMOVAL (Specify)	burial	23b. DATE	27 Nov 72	23c. NAME OF CEMETERY OR CREMATORY: Gardens of Faith
23d. LOCATION (City or Town) (County) (Stote)	Baltimore Co., Md. 21206			
24. FUNERAL DIRECTOR ADDRESS	Ullrich Funeral Home, Baltimore, Md. 21206	25a. REC'D BY REGISTRAR DATE	NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Lindsay M Norton

VR A15 - 14
45M - 1-69

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16903 16905

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 90M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Bertha	Middle: J.	Last: Boblitz	2a. DATE OF DEATH Month: 11	Day: 24	Year: 72
2b. HOUR	A.M. 3:53					
3. SEX	F	4. RACE	W	5. DATE OF BIRTH	8/25/98	6. AGE (In years last birthday) 74 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.					
7a. BIRTHPLACE (State or foreign country)	MD.	7b. CITIZEN OF WHAT COUNTRY?	USA	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH	BALTO. Md.
10. CITY OR TOWN OF DEATH	ROSSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	FRANKLIN SQ.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	H.W.	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	MD.	13b. COUNTY	BALTO	13c. CITY OR TOWN	ESSEX	13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER	57 A FENWAY M.					
14. FATHER'S NAME First	EDWARDS	Middle		Last		
15. MOTHER'S MAIDEN NAME First	UNK	Middle		Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	NO	(If yes give war or dates of service)		16b. SOCIAL SECURITY NO.	219-16-4011	
17. INFORMANT	VIRGINIA BRUCE	Address	ABOVE			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac - resp arrest
DUE TO, OR AS A CONSEQUENCE OF (b) atherosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last. 4124
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natity medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / Stote

22a. I certify thot ~~I~~ (this hospital) ottended the deceased from 11/24, 19 72, to 11/24, 19 72, that ~~I~~ (we) last saw the deceased alive on 11/24 19 72 and that in ~~my~~ (our) opinian death occurred on the date and hour and fram the causes stoted above. ~~I~~ (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	M Abeloff, M.D.	DEGREE	ATTENDING PHYS. ☑	MED. DIRECTOR ☐	STAFF PHYS. ☐
22c. DATE SIGNED	11/24/72				
22d. PHYSICIAN'S NAME (Type)	Dr. Abeloff	22e. ADDRESS	9000 Franklin Square Drive		

23a. BURIAL, CREMATION, REMOVAL (Specify)	BURIAL	23b. DATE	11/27/72	23c. NAME OF CEMETERY OR CREMATORY: GARDENS OF FAITH
23d. LOCATION (City or Town) (County) (Stote)	BALTO. MD			
24. FUNERAL DIRECTOR	J. E. Connelly	ADDRESS	300 Main Ave	
25a. REC'D BY REGISTRAR DATE	NOV 27 1972	25b. REGISTRAR'S SIGNATURE	Sidney M Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16904 — 16906

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15-4)

1. DECEASED-NAME (Type or print) First / Middle / Last	Elizabeth nmn Bonhage
2a. DATE OF DEATH Month / Day / Year	11 / 18 / 72
2b. HOUR	2:47 P M
3. SEX	Female
4. RACE	W
5. DATE OF BIRTH	2-26-96
6. AGE (In years last birthday)	76 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Md.
7b. CITIZEN OF WHAT COUNTRY?	US
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	Baltimore County Md.
10. CITY OR TOWN OF DEATH	Randallstown
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Baltimore County General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired
12b. KIND OF BUSINESS OR INDUSTRY	House Wife
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland
13b. COUNTY	Baltimore
13c. CITY OR TOWN	Baltimore
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	
13e. STREET AND NUMBER	3623 Eitemiller Rd. 21207
14. FATHER'S NAME First / Middle / Last	Charles Schammel
15. MOTHER'S MAIDEN NAME First / Middle / Last	Jennie Graf
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No
(If yes give war or dates of service)	- - - - - -
16b. SOCIAL SECURITY NO.	212-09-9636B
17. INFORMANT Address	Harry V. Bonhage, 3623 Eitemiller Rd. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia, LLL ← Acute ulcerations stomach ← GI hemorrhage	3-6 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerosis - generalized	yrs.
DUE TO, OR AS A CONSEQUENCE OF (c)	Femoral artery occlusion (L)	1-2 days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4409

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE	Marvin M. Nachlas, Pathologist	DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]
22c. DATE SIGNED	11/18/72				
22d. PHYSICIAN'S NAME (Type)	MARVIN M. NACHLAS	22e. ADDRESS	6503 Park Heights Ave		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11/22/72	Woodlawn Cemetery	Woodlawn, Baltimore, Md. 21207	
24. FUNERAL DIRECTOR ADDRESS	Loring Byers Funeral Directors P.A. 8728 Liberty Road, Randallstown, Md. 21133	25a. REC'D BY REGISTRAR DATE	NOV 21 1972	25b. REGISTRAR'S SIGNATURE Sidney M Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16905 — 16907

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Irving	Middle: nmn	Last: ~~Kaw~~ Borscher	
2a. DATE OF DEATH	Month 11 Day 1 Year 72	2b. HOUR 9:15 AM		
3. SEX: male	4. RACE: White	5. DATE OF BIRTH: 04-08-08	6. AGE (In years last birthday): 64 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): New York	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore County Md.	
10. CITY OR TOWN OF DEATH: RANDALLSTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Baltimore County Gen.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): XXXXXXXX EXEC.	12b. KIND OF BUSINESS OR INDUSTRY: XXXXXXX Shoe CO	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES X NO ☐	13e. STREET AND NUMBER: 5706 Rockspring Rd. 21209
14. FATHER'S NAME First: Louis	Middle:	Last: Borscher	15. MOTHER'S MAIDEN NAME First: Gussie	Middle:	Last: KOWALSKY
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 034-03-0176 XXX-XX-XXXX	17. INFORMANT: MRS. RUTH HURWITZ, 2407 FOREST GREEN RD. #9		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Infarct Wall infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10-29-72

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

DUE TO, OR AS A CONSEQUENCE OF (b): Cardiorespiratory Arrest AND — 11-1-72

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING CAUSE ☐ OR CONTRIBUTING ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from _____, 19__, to 11-1, 1972, that (I) (we) last saw the deceased alive on 11-1 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: R Perez-Mera — DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type): RAFAEL PEREZ-MERA — 22e. ADDRESS: 3507 LIBERTY ROAD

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/2/72	23c. NAME OF CEMETERY OR CREMATORY: HAR SINAI	23d. LOCATION (City or Town) (County) (State): OWINGS MILLS, MARYLAND	
24. FUNERAL DIRECTOR ADDRESS: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD	25a. REC'D BY REGISTRAR DATE: NOV 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16906 16908

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: MARY	Middle: E	Last: BOSLEY	2a. DATE OF DEATH Month 11 Day 5 Year 72	2b. HOUR 4:00 PM
3. SEX: FEMALE	4. RACE: CAUCASIAN	5. DATE OF BIRTH: 1/12/96	6. AGE (In years last birthday): 76 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: BALTIMORE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): GREATER BALTO. MED. CEN.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: SPARKS	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: BOX 60, RT. 2, HOME ROAD	
14. FATHER'S NAME First: ~~UNK.~~ Thomas	Middle:	Last: Burrs	15. MOTHER'S MAIDEN NAME First: ~~UNK.~~ Suse	Middle:	Last: Bosley
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service): 216-07-5724	17. INFORMANT: George C. Bosley	Address: Home Rd., Sparks, Md. 21152		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE, ACUTE RENAL FAILURE

DUE TO, OR AS A CONSEQUENCE OF

(b): METASTATIC CARCINOMA

DUE TO, OR AS A CONSEQUENCE OF

(c): MEDIASTINAL CARCINOMA

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1631

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 10/28, 1972, to 11/5, 1972, that (I) (we) last saw the deceased alive on 3:34PM 11/5 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: X Mary L. Harty M.D. DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☑
22c. DATE SIGNED: 11/5/72			
22d. PHYSICIAN'S NAME (Type): MARY L. HARTY	22e. ADDRESS: Greater Baltimore Medical Center		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov 8, 1972	23c. NAME OF CEMETERY OR CREMATORY: Bosley Ch. Cemetery	23d. LOCATION (City or Town) (County) (State): Sparks, Md.	
24. FUNERAL DIRECTOR: James J. Hartenstein	ADDRESS: New Freedom, Pa.	25a. RECD BY REGISTRAR DATE: NOV 10 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Horton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16907 — Item#13 Film G454 12/1/72 sy — 16909

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	Florence E. Boucher
2a. DATE OF DEATH Month / Day / Year	11 / 27 / 72
2b. HOUR	3:30 PM
3. SEX	Female
4. RACE	white
5. DATE OF BIRTH	Aug. 8, 1879
6. AGE (In years lost birthday)	93 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	3 / 19
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Maryland
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Stella Maris Hospice
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Music teacher
12b. KIND OF BUSINESS OR INDUSTRY	Music
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland
13b. COUNTY	~~Baltimore~~
13c. CITY OR TOWN	Baltimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐	~~YES ☒ NO ☐~~
13e. STREET AND NUMBER	201 E. University Pkway ~~Mercy Villa~~
14. FATHER'S NAME First / Middle / Last	William Boucher
15. MOTHER'S MAIDEN NAME First / Middle / Last	Francis Giles
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	no
16b. SOCIAL SECURITY NO.	200-44-7078
17. INFORMANT Address	Mr. Francis B. Burch 207 Chancery Rd. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
485X
IMMEDIATE CAUSE (a) Bronchial pneumonia
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 7-26-68, 19__, to 11-27, 1972, that (I) (we) last saw the deceased alive on 11-27 1972, and that in (my) (our) opinian death occurred on the date and haur and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	E. Lee Robbins MD	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 11-27-72
22d. PHYSICIAN'S NAME (Type)	E. Lee Robbins, MD	22e. ADDRESS	812 Mockingbird Lane, Baltimore, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	11-29-72	New Cathedral Cem.	Baltimore,	Maryland
24. FUNERAL DIRECTOR ADDRESS	Henry W. Jenkins Sons 4905 York Rd. Baltimore, Md. 21212	25a. RECD BY REGISTRAR DATE	NOV 27 1972	25b. REGISTRAR'S SIGNATURE Sidney H. Norton

1

16908

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16910

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

BODY RELEASED TO THE HOSPITAL BY MEDICAL EXAMINER.

1. DECEASED-NAME (Type or print)	First: Ethel	Middle: M	Last: Bowen	2a. DATE OF DEATH Month: 11	Day: 20	Year: 72	2b. HOUR: 2:29 P M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 9-8-97	6. AGE (In years last birthday): 75 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): St. Joseph	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 2706 Louise Ave. 21214			
14. FATHER'S NAME First: Joseph	Middle: W	Last: Pasterfield	15. MOTHER'S MAIDEN NAME First: Mamie	Middle:	Last: Lowman		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: XXX-	17. INFORMANT: Mr William M Bowen	Address: Same				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): ACUTE MYOCARDIAL INFARCTION.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (X) (this hospital) attended the deceased from 11-20, 1972, to 11-20, 1972, that (X) (we) last saw the deceased alive on 11-20 19 72, and that in (XX) (our) apinian death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Anthony C. Lewandowski M.D.		[X]	[ ]	[ ]	11-20-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ANTHONY A. LEWANDOWSKI, M.D.	7620 York Rd., Balto., Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/24/72	Asbury Cemetery	Barstow, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leonard J Ruck Inc. Baltimore, Md.	NOV 24 1972	Lindsay Norton

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16909 — 18541

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in ink by the funeral director, page 3 should be detached for use as the burial-transit permit. The disease, remove carbon papers. Pages 1 and 2 should be filed within State Dept. of Health and Mental Hygiene prior to burial, cremation or removal, and in any event, within 72 hours after death.

CERTIFICATION APPROVED BY DEPUTY, ASST., CHIEF REG.

1. DECEASED-NAME (Type or print)	First: Richard	Middle: L.	Last: Bowen, Jr.	2a. DATE OF DEATH: 11 Month 25 Day 72 Year	2b. HOUR: 7:55 A M	
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 1/21/27	6. AGE (In years last birthday): 45 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto. County General	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Carpenter	12b. KIND OF BUSINESS OR INDUSTRY: Bldg.			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 7107 Windsor Mill Rd.		
14. FATHER'S NAME First: Richard	Middle	Last: Bowen	15. MOTHER'S MAIDEN NAME First: Maude	Middle	Last: Porter	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No	(If yes give war or dates of service): --	16b. SOCIAL SECURITY NO.: ?	17. INFORMANT: Mrs. Helen Edmondson	Address: Balto., Md. 21207		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia and sepsis
DUE TO, OR AS A CONSEQUENCE OF (b): Subphrenic abscess
DUE TO, OR AS A CONSEQUENCE OF (c): Laceration of spleen due to fall at home

Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. 8874

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 11/14/72	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Acute abdomen subphrenic & gastricfistilla	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☒ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. 9 Month Day Year 1972	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): fell		
21d. INJURY OCCURRED While at work ☐ Not while at work ☒	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.): Home	21f. LOCATION Street or R.F.D. No.: 7107 Windsor Mill Rd.	City or Town	County / State

22a. I certify that (I) (this haspital) attended the deceased from 11-7, 1972, to 11-25, 19 72, that (I) (we) last saw the deceased alive an 11-25 1972, and that in (my) (XX) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: M Platt for P K Bose — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒ — 22c. DATE SIGNED: 11/25/72

22d. PHYSICIAN'S NAME (Type): Psabir K. Bose — 22e. ADDRESS: Balto. County General Hospital

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/28/72	23c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery	23d. LOCATION (City or Town) (County) (State): Howard Co. Md.	
24. FUNERAL DIRECTOR: Harry W. Haight	ADDRESS: Sykesville, Md.	25a. REC'D BY REGISTRAR DATE: JAN 8 1973	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH - 16 3/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16910 — 16911

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	Howard Jack Brant
2a. DATE OF DEATH Month Day Year	Nov. 17 1972
2b. HOUR	659a M
3. SEX	Male
4. RACE	White
5. DATE OF BIRTH	April 27, 1926
6. AGE (In years last birthday) / IF UNDER 1 YEAR: MONTHS, DAYS / IF UNDER 24 HRS.: HOURS, MIN.	46 YRS.
7a. BIRTHPLACE (State or foreign country)	Cumberland Md.
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Randallstown
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Balto. County Gen.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Displayman
12b. KIND OF BUSINESS OR INDUSTRY	Sears
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland
13b. COUNTY	Baltimore
13c. CITY OR TOWN	Reisterstown
13d. INSIDE CITY LIMITS? YES ☐ NO ☒	
13e. STREET AND NUMBER	Box 257 Boxville Rd.
14. FATHER'S NAME First / Middle / Last	Charles Brant
15. MOTHER'S MAIDEN NAME First / Middle / Last	Ethel Turg
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	Yes WWII
16b. SOCIAL SECURITY NO.	220-16-7064
17. INFORMANT Address	Balto. Co Gen 5401 Old Court Rd.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardio Respiratory Failure

DUE TO, OR AS A CONSEQUENCE OF (b) Myocardial Infarction, massive

DUE TO, OR AS A CONSEQUENCE OF (c) Hypertensive Cardiovascular Heart Dis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4100

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, natity medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Nat while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote

22a. **I certify** that (I) (this haspital) attended the deceased from 3/20/62, 19____, to NOV 17, 1972, that (I) (~~we~~) last saw the deceased alive on NOV 17 1972 and that in (my) (~~our~~) opinian death occurred an the date and haur and fram the causes stated abave, (I) (~~we~~) (did nat) view the body after death.

22b. SIGNATURE Leland Spencer DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED 11/20/72

22d. PHYSICIAN'S NAME (Type) Willard Applefeld — 22e. ADDRESS 6615 Reisterstown Rd

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	Nov. 21, 1972	Woodlawn Cemetery	Woodlawn	Balto.	Md.

24. FUNERAL DIRECTOR — ADDRESS: Frank A. Newell, Reisterstown, Md.

25a. REC'D BY REGISTRAR DATE: NOV 20 1972 — 25b. REGISTRAR'S SIGNATURE: Sidney M Norton

STATE OF MARYLAND — Ruth BRAVE, B.D. 11-20-23

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

16911 — Item#13, Film G453 11/27/72 kam — 16912 4:00 AM

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Ruth	Middle: Lenore	Last: Brave	2a. DATE OF DEATH: Month 11 Day 19 Year 72	2b. HOUR: 4:00 AM
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 11-20-23	6. AGE (In years lost birthday): 48 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Baltimore	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Owings Mills	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rosewood STATE HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): NONE	12b. KIND OF BUSINESS OR INDUSTRY: NONE		
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md.	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: OWINGS MILLS	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 3301 Fairview Ave ROSEWOOD STATE HOSPITAL	
14. FATHER'S NAME: First Alfred	Middle	Last Brave	15. MOTHER'S MAIDEN NAME: First Ida	Middle	Last Lipnick
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: MRS. IDA BRAVE	Address: 7211 PARK HGHTS. AVE., #21215		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Cardiac Failure, Myocardial Insufficiency & Ischemia	4 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Congenital Heart Disease & Cardiac Hypertrophy, treated	20 yrs.
DUE TO, OR AS A CONSEQUENCE OF (c)	Down's Syndrome.	48+ yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): several times in past, hist. of cardiac failure and recovered, & Bronchopneumonia presently,

19a. DATE OF OPERATION: —	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.): —	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.): —	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: —	

22a. **I certify** that (I) (this hospital) attended the deceased from 4/19, 19 34, to 11/19, 19 72, that (I) (we) last saw the deceased alive an 11-19 1972, and that in (my) (our) opinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE: md Borkhataria MD	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11/19/72		
22d. PHYSICIAN'S NAME (Type): N. M. L. BORKHATARIA, M.D	22e. ADDRESS: ROSEWOOD STATE HOSPITAL, OWINGS MILLS Md.			

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/20/72	23c. NAME OF CEMETERY OR CREMATORY: BETH TFILOH	23d. LOCATION (City or Town) (County) (State): BALTIMORE, MARYLAND	
24. FUNERAL DIRECTOR: SOL LEVINSON & BROS.	ADDRESS: 6010 REISTERSTOWN ROAD	25a. FILED BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Lindsay H Norton	

DHMH-16 1/71 30M (VR A15 (4))

1

16912

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16913

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
MARY	GRACE	BRENNER	11 8 1972	11:50 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
FEMALE	WHITE	12-25-1891	80 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Balto., Md.	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Lutherville	College Manor Hurs.H.		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Maryland		Baltimore		2931 N. Charles Street.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Isaiah	K.	Brenner	Mary		Sheiss

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	217-36-4233	Sister: Miss Bessie I.Brenner, 1325 Crofton Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia	5 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic Cardiovascular Disease	Years
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State
	Dr Fritz	Dr Fritz

22a. **I certify** that (I) (this hospital) attended the deceased from May, 1966, to Nov, 1972, that (I) (we) last saw the deceased alive on Nov 8 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Robert R. Kent	M.D.				11/10/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Robert R. Kent covering for William Fritz, MD	6701 N Charles ST. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/11/72	Loudon Park Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
STEWART & MOWEN CO. 108 W. North Ave. 21201	NOV 15 1972	Sidney H. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16913 16914

1. DECEASED-NAME (Type or print): First Dolores Middle Anetta Last Brooks
2a. DATE OF DEATH: Month 11 Day 17 Year 72
2b. HOUR: 11:55 A M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 8-3-31
6. AGE (In years last birthday): 41 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): St. Joseph
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore
13c. CITY OR TOWN
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: Mt Calvert Springs Motel 21087
14. FATHER'S NAME First John Middle Lingenfield Last
15. MOTHER'S MAIDEN NAME First Jennie Middle Walker Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 186-24-7230
17. INFORMANT: Eugene H. Brooks Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hepatic coma
5719
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Cirrhosis of the liver with bleeding tendency.
DUE TO, OR AS A CONSEQUENCE OF (c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 11-10, 1972, to 11-17, 1972, that (I) (we) last saw the deceased alive on 11-17 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Tzen-Chi Fan Chiang DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: 11-17-72
22d. PHYSICIAN'S NAME (Type): Tzen-Chi Fan Chiang, M.D. TZEN-CHI FAN-CHIANG
22e. ADDRESS: 7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit
23b. DATE: 11/20/72
23c. NAME OF CEMETERY OR CREMATORY: Normalville Cemetery
23d. LOCATION (City or Town) (County) (State): Springfield, Fayette Co. Penna.
24. FUNERAL DIRECTOR ADDRESS: Edw. S. MacNabb Sons, Inc. 301 Frederick Rd. Catonsville, Md.
25a. REC'D BY REGISTRAR DATE: NOV 21 1972
25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

4 1

FOR STATE HEALTH DEPT.

16914

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16915

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Parts 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Chief Medical Examiner's Office along with Form DM3. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form DM3. Page 5 may be retained for your files.

1. DECEASED-NAME (Type or Print) First: ALICE	Middle: I.	Last: BROWN	2a. DATE KNOWN OF DEATH ESTIMATED: X Month Day Year: 11-1 1972
2b. HOUR: 8:15 P M	3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 7-9-95
6. AGE (In years last birthday): 77 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: November Day: 1, Year: 1972	2d. HOUR: 8:15 P. M	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Baltimore County General Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Randallstown	13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER: 3505 Beagle Lane #T-3			
14. FATHER'S NAME First: James	Middle: W.	Last: McCuen	15. MOTHER'S MAIDEN NAME First: Alice Middle: R. Last: Bailey
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): None	16b. SOCIAL SECURITY NO.: 216-09-8851	17. INFORMANT ADDRESS: Mr. Wilmot D. Brown 3505 Beagle Lane T - 3 Randallstown, Md. 21133	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES X NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes X, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S. Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER X
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: November 2, 1972

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/4/1972	23c. NAME OF CEMETERY OR CREMATORY: LAKE VIEW MEMORIAL PARK	23d. LOCATION (City or Town): SYKESVILLE	(County): CARROLL	(State): MD.
24. FUNERAL DIRECTOR: LORING BYERS FUNERAL DIRECTORS, P. A.	ADDRESS: 8728 Liberty Road 21133	25a. REC'D BY REGISTRAR DATE: NOV 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney L. Norton		

DHMH-17 4/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16915 16916

1. DECEASED-NAME (Type or print): First BERTHA Middle Lost BROWN
2a. DATE OF DEATH: Month November Day 1 Year 1972
2b. HOUR: 3:20 P M
3. SEX: FEMALE
4. RACE: NEGRO
5. DATE OF BIRTH: 4-22-07
6. AGE (In years last birthday): 65 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): NORTH CAROLINA
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): ST. JOSEPH HOSP.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institutian: Residence before admission) STATE: MARYLAND
13b. COUNTY
13c. CITY OR TOWN: BALTIMORE
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 803 Beaumont Ave. 21212
14. FATHER'S NAME First Middle Last: RAMEO TELFAIR
15. MOTHER'S MAIDEN NAME First Middle Last: ELIZABETH WILSON
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 216-09-7130
17. INFORMANT: MR. ROBERT BROWN Address: 803 BEAUMONT AVENUE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): OVARIAN CARCINOMA; WITH METASTASIS.
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditians, if any, which gave rise to immediote couse (a), stoting the underlying couse last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Manth Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Nat while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify thot [X] (this hospitol) attended the deceased from 10-30, 1972, to 11-01, 1972, that [X] (we) lost saw the deceased alive on 11-01 1972, and thot in (my) (our) opinion deoth occurred on the date ond hour ond from the couses stoted above, [X] (we) (did) (did not) view the body after deoth.

22b. SIGNATURE: Walid Azmeh DEGREE ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: 11-01-72
22d. PHYSICIAN'S NAME (Type): WALID AZMEH, M.D.
22e. ADDRESS: 7620 York Rd, Balto., Md/ 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-7-72
23c. NAME OF CEMETERY OR CREMATORY: ARBUTUS MEMORIAL PARK
23d. LOCATION (City or Town) (County) (State): BALTIMORE, MARYLAND
24. FUNERAL DIRECTOR ADDRESS: MORTON & DYETT FUNERAL HOMES, INC. 1701 LAURENS ST.
25a. REC'D BY REGISTRAR DATE: NOV 3 1972
25b. REGISTRAR'S SIGNATURE: Sidney Morton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

3 1

16916

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16917

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: HARRY	Middle:	Last: BROWN	2a. DATE OF DEATH Month: NOV. Day: 7 Year: 1972	2b. HOUR: 2:42 P.M.	
3. SEX: MALE	4. RACE: NEGRO	5. DATE OF BIRTH: 8/17/01	6. AGE (In years last birthday): 71 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): BALTO. MD.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Mt. Wilson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): Mt. Wilson State Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: BALTO.	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 1932 PENROSE AVE.		
14. FATHER'S NAME First: GEORGE	Middle:	Last: BROWN	15. MOTHER'S MAIDEN NAME First: ZUL	Middle:	Last: HOWARD	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address: Records, Mt. Wilson State Hospital		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulm Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF
(b): Cancer of the Lung — 1 yr
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 1621

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Pulmonary Tuberculosis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 11/2, 19 72, to 11/7, 19 72, that (I) (we) last saw the deceased alive on 11/7, 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Elmer P. Sauer M.D. DEGREE, ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐
22c. DATE SIGNED:
22d. PHYSICIAN'S NAME (Type): Elmer P. Sauer, M.D.
22e. ADDRESS: Mt. Wilson, Md. 21112

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/11/72	23c. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cemetry	23d. LOCATION (City or Town): Baltimore, Md (County) (State)	
24. FUNERAL DIRECTOR: Adolphus Halstead 1206	ADDRESS: Mt. North Ave. 1300 Blk W. North Ave	25a. REC'D BY REGISTRAR DATE: NOV 9 1972	25b. REGISTRAR'S SIGNATURE: Sidney M Norton	

DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16917 — 16918

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be mailed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (VR A15 (4))

1. DECEASED-NAME (Type or print): First James. Middle Jr. Last Brown.
2a. DATE OF DEATH: Month 11 Day 8 Year 72
2b. HOUR: 3 PM
3. SEX: MALE
4. RACE: NEGRO
5. DATE OF BIRTH: 11-27-45
6. AGE (In years last birthday): 26 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): South Carolina
7b. CITIZEN OF WHAT COUNTRY?: U.S.A
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Mt. Wilson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Mt. Wilson State Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farm helper
12b. KIND OF BUSINESS OR INDUSTRY: FARMING
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Westfield Md.
13b. COUNTY: Somerset
13c. CITY OR TOWN:
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: Somerset Labor Camp
14. FATHER'S NAME First James. Middle Sr. Last Brown.
15. MOTHER'S MAIDEN NAME First Estelle Middle Harris Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service):
16b. SOCIAL SECURITY NO.: 251-74-2865
17. INFORMANT: Records, Mr. Wilson Address: State Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis probably
DUE TO, OR AS A CONSEQUENCE OF (b): Respiratory arrest -
DUE TO, OR AS A CONSEQUENCE OF (c):
4339
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Pulmonary tuberculosis

19a. DATE OF OPERATION: —
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from AUG. 12, 1972, to NOV. 8, 1972, that (I) (we) last saw the deceased alive on NOV 8 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Elmer P. Sauer M.D. DEGREE — ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐
22c. DATE SIGNED: 11-8-72
22d. PHYSICIAN'S NAME (Type): Elmer P. Sauer, M.D.
22e. ADDRESS: Mt. Wilson, Md. 21112

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 11-13-72
23c. NAME OF CEMETERY OR CREMATORY: U of M Anatomy Board
23d. LOCATION (City or Town) (County) (State): Balt. Md.
24. FUNERAL DIRECTOR: Raymond J. Curran ADDRESS: 817 Scarlett Dr. Towson, Md. 21204
25a. REC'D BY REGISTRAR DATE: NOV 15 1972
25b. REGISTRAR'S SIGNATURE: Lillian Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16918 16919

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 must be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: WILLIAM	Middle:	Last: BROWN	2a. DATE OF DEATH Month: NOVEMBER Day: 13 Year: 1972	2b. HOUR: 12:50 P	
3. SEX: MALE	4. RACE: NEGRO	5. DATE OF BIRTH: 4/29/1912	6. AGE (In years last birthday): 60 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED XXX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: FORT HOWARD	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): VETERANS ADMIN. HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FRIEGHT HANDLER	12b. KIND OF BUSINESS OR INDUSTRY: RAILROAD			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES X NO ☐	13e. STREET AND NUMBER: 4 EAST MONTGOMERY STREET		
14. FATHER'S NAME First: JOHN	Middle:	Last: BROWN	15. MOTHER'S MAIDEN NAME First: DORA	Middle:	Last: ADEL	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes give war or dates of service): WWII	16b. SOCIAL SECURITY NO.: 726 14 2925	17. INFORMANT Address: CLIN. RECDS. VAH, FORT HOWARD, MARYLAND			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CARCINOMA OF KIDNEY WITH METASTASES — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MONTHS

1890

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO XX	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, natify medical examiner) UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from JUNE 19, 1972, to NOV 13, 1972, that (I) (we) last saw the deceased alive on NOVEMBER 13 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: George J. Dendrinos	DEGREE: ATTENDING PHYS. X / MED. DIRECTOR ☐ / STAFF PHYS. ☐	22c. DATE SIGNED: 11/14/72	
22d. PHYSICIAN'S NAME (Type): GEORGE J. DENDRINOS, M.D.	22e. ADDRESS: VAH, FORT HOWARD, MARYLAND		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11 17 72	23c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery	23d. LOCATION (City or Town): Balto. City	(County): MD. (State)
24. FUNERAL DIRECTOR: BROWN FUNERAL HOME	ADDRESS: 123 W. Montgomery St. Baltimore, Md.	25a. REC'D BY REGISTRAR DATE: NOV 15 1972	25b. REGISTRAR'S SIGNATURE: Elizabeth Norton	

DHMH - 16 3/72 25M
(VR A15 (4))

1

FOR STATE HEALTH DEPT.

16919

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16920

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month	Day	Year	2b. HOUR
William	Mayfield	Brown	11	17	1972	6:00 A.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Male	Negro	Feb -23-1907	65 YRS.			11	17	1972	6:00 A.M.

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
S.C. Branchville,	U.S.A.	Separated	Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	St. Joseph's Hospital	Minister	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER
N. J.		Newark		730 Bergan St.

14. FATHER'S NAME First / Middle / Last	15. MOTHER'S MAIDEN NAME First / Middle / Last
Unknown	Unknown

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	250-16-6862	Mae Brown	61 Geneva St-Elizabeth, N.J.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

IMMEDIATE CAUSE (a) Fracture of neck with transection of cervical cord

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	3:40 P.M. 10 17 19 72	auto accident

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State
	Street	Loch Raven Dr. 1000' W. of Providence Rd. Towson, Baltimore, Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE W P Mulloy M.D.

EXAMINER'S NAME (Type) William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 11-17-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Removal	11-19-72	Glendale Cemetery	Bloomfield, N.J.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Arlington S. Phillips	Balto, Md 1727 N. Monroe St	NOV 20 1972	Sidney M Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16920 — 16921

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16-7/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Day	Month	Year	2b. HOUR
HARRY	J.	BROWNFIELD	11	9	72	6:38 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	Caucasian	1/2/90	82 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
PENNA.	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	Greater Balto. Med. Center	RETIRED ACCOUNTANT	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.		BALTO.	YES [X] NO [ ]	1531 E. COLDSPRING LANE

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Last
ELIJAH	S.	BROWNFIELD	~~MARY~~ LUCINDA	JAMES

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO		235-20-8829	MRS. SUSAN BROWNFIELD	ABOVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia and purulent pericarditis	
DUE TO, OR AS A CONSEQUENCE OF		
(b)	Pulmonary emphysema and fibrosis	
DUE TO, OR AS A CONSEQUENCE OF		
(c)		

492X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
Partial intestinal obstruction due to adhesive bands, postoperative Miles procedure for carcinoma of rectum.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospitol) ottended the deceased from 11/3, 1972, to 11/9, 1972, that (I) (we) last saw the deceased alive on 11/9 19 72, ond thot in (my) (our) opinion death occurred on the dote ond hour ond from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
John E. Adams, M.D.		[ ]	[ ]	[ ]	11/10/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
John E. Adams, M.D.	6701 N. Charles Street 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
CREMATION	11/13/72	GREENMOUNT CREMATORY	BALTO.		MD.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Mitchell-Wiedefeld	6500 York Rd	NOV 14 1972	Sidney P. Morton

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

16921 16922

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or print) First Middle Last	SYBILLA M. BRUNING	2a. DATE OF DEATH Month Day Year	November 1st, 1972
2b. HOUR	M		
3. SEX	Female	4. RACE	White
5. DATE OF BIRTH	April 8th 1904	6. AGE (In years last birthday)	68 YRS.
IF UNDER 1 YEAR MONTHS / DAYS		IF UNDER 24 HRS. HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Balto. Md.	7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		9. COUNTY OF DEATH	Baltimore Co. Md.
10. CITY OR TOWN OF DEATH	Monkton, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Jarrettsvile Pike
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Homemaker	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	Baltimore
13c. CITY OR TOWN	Monkton	13d. INSIDE CITY LIMITS? YES ☐ NO X	
13e. STREET AND NUMBER	Jarrettsville Pike		
14. FATHER'S NAME First Middle Last	John Mueller	15. MOTHER'S MAIDEN NAME First Middle Last	Mary Dekert
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	no	(If yes give war or dates of service)	-----
16b. SOCIAL SECURITY NO.	212-03-7237-B	17. INFORMANT Address	Mr. Eugene F. Bruning (Husband)

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for ~~(a), (b),~~ and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 mo

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of Lung — 5 mo

DUE TO, OR AS A CONSEQUENCE OF (c)

1621

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH ☐ / DR CONTRIBUTING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from May 1, 19 72, to November 1, 19 72, that (I) (we) last saw the deceased alive on Nov 1, 19 72, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE Chas E. Carr Jr M.D. — DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED 11/1/72

22d. PHYSICIAN'S NAME (Type) CHAS E. CARR JR M.D. — 22e. ADDRESS 3900 N. CHARLES ST. BALTIMORE MD.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	11/3/72	Parkwood Cem.	Baltimore	

24. FUNERAL DIRECTOR ADDRESS: Mitchell-Wiedefeld Home 6500 York Rd. 21212

25a. REC'D BY REGISTRAR DATE: NOV 6 1972 — 25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

VR A15 (4) 25m-1/70

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16922 16923

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-5. Page 3 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First	Middle	Last	2a. DATE KNOWN OF DEATH / ESTIMATED	Month	Day	Year	2b. HOUR
	GEORGE	A.	BUCHMAN Sr.	X /	11-	2	19 72	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN	2c. DATE PRONOUNCED DEAD: Month	Day	Year	2d. HOUR
Male	White	7-10-19	53 YRS.					November	2.	19 72	3:00 A. M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Maryland	USA	X	BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Randallstown	Baltimore County General Hosp. (DOA)	Manager	Banking

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	BALTO.	Baltimore	YES / NO X	725 Cloudyfold Drive 21208

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
Harvey F. Buchman	Florence Walker

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WW II	219 01 2664	Edith I. Buchman	same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		(Partial) YES X NO

21a. EXTERNAL CAUSE WAS PRIMARY / OR CONTRIBUTING / CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that I took charge of the remains described above, held an (Partial) Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner

ACTUAL SIGNATURE Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER X
DEPUTY MEDICAL EXAMINER
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED November 2, 1972

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	6 Nov 72	Woodlawn Cemetery	Woodlawn, Balto Co. Md

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Burgee Funeral Home, Baltimore, Maryland By: Lynn B. Hines	NOV 10 1972	Sidney H. Norton

DHMH-1 (Rev. 1-71) 10M
(VR AISME (5))

16923 12/8/72 kam
Item#2a,c,22b,FilmG454

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16924

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Ralph	Middle: E.	Last: Burdette	2a. DATE OF DEATH: KNOWN ☑ ESTIMATED ☐ Month: 11 Day: 23 Year: 1972	2b. HOUR: 2057 M	
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 1-7-01	6. AGE (In years last birthday): 71 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 11 Day 23 Year 1972	2d. HOUR: 2057 M	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto Co Gen Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired	12b. KIND OF BUSINESS OR INDUSTRY: U.S.GOV.			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 308 N. College Parkway		
14. FATHER'S NAME First: William	Middle: Edward	Last: Burdette	15. MOTHER'S MAIDEN NAME First: Virginia	Middle: May	Last:	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 174-20-0908	17. INFORMANT: Wife.	ADDRESS: 308 N. College Parkway			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ASCVHD.	Sudden
DUE TO, OR AS A CONSEQUENCE OF (b)	Aortic Stenosis	long time
DUE TO, OR AS A CONSEQUENCE OF (c)		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Vernon R. Croft M.D. M.D.
EXAMINER'S NAME (Type): Vernon R. Croft M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 11/24-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-26-1972	23c. NAME OF CEMETERY OR CREMATORY: Utica Lutheran Cemetery	23d. LOCATION (City or Town) (County) (State): Utica, Frederick, Maryland	
24. FUNERAL DIRECTOR: Robert E. Dailey & Son	ADDRESS: Frederick, Maryland	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

AHMH-17 1/71 10M
(VR At5ME (5))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16924 16925

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	William G. Bursnall	2a. DATE OF DEATH Month Day Year	November 14, 1972
2b. HOUR	9:30 AM		
3. SEX	Male	4. RACE	Cauc,
5. DATE OF BIRTH	MARCH 4, 1893	6. AGE (In years last birthday)	79 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]		9. COUNTY OF DEATH	Baltimore, Md.
10. CITY OR TOWN OF DEATH	Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Glenmont Towers Apt. 602
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland	13b. COUNTY	Baltimore
13c. CITY OR TOWN	Towson	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	Glenmont Towers Apt. 602		
14. FATHER'S NAME First / Middle / Last	William Bursnall	15. MOTHER'S MAIDEN NAME First / Middle / Last	Emma L. Harris
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	Yes	(If yes give war or dates of service)	WWI
16b. SOCIAL SECURITY NO.	231-10-0997	17. INFORMANT Address	Jessie E. Bursnall Same AS #13e

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMATOSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS
DUE TO, OR AS A CONSEQUENCE OF
(b) CARCINOMA OF BOWEL — 17 YEARS
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 1539

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / Stote

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 6/2, 1971, to 11/14, 1972, that (I) (~~we~~) last saw the deceased alive an 11/11 1972, and that in (my) (~~our~~) opinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE	Donald L. Somerville	M.D. DEGREE	ATTENDING PHYS. [✓]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]	22c. DATE SIGNED 11/14/72
22d. PHYSICIAN'S NAME (Type)	DONALD L. SOMERVILLE, M.D.	22e. ADDRESS	26 W. PA. AVE	TOWSON, MD 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify)	Cremation	23b. DATE	11-15-72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Crematory
23d. LOCATION (City or Town) (County) (Stote)	Baltimore, Md. 21229			
24. FUNERAL DIRECTOR ADDRESS	Wm. Cook-Brooks Towson Towson, Md. 21204	25a. REC'D BY REGISTRAR DATE	NOV 17 1972	25b. REGISTRAR'S SIGNATURE Audrey M. Norton

HRA15 (4)
25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16925 — 16926

1. DECEASED-NAME (Type or print): First ELIZABETH Middle CAROLINE Lost BUSENIUS
2a. DATE OF DEATH: Month 11 Day 6 Year 72
2b. HOUR: 6 P.M.
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: 3-8-1887
6. AGE (In years last birthday): 85 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): U.S.A.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: BALTIMORE COUNTY
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): AUGSBURG HOME 5811 CAMPFIELD ROAD
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: BALTIMORE COUNTY
13c. CITY OR TOWN
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 511 MEADOW RIDGE ROAD
14. FATHER'S NAME First HENRY Middle OTTO Lost
15. MOTHER'S MAIDEN NAME First SCHAFFER Middle Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 212-36-3596
17. INFORMANT: Records Augsburg Home Address

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): (1) Cerebral Vascular Stroke (Thrombosis) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks
DUE TO, OR AS A CONSEQUENCE OF (b): (2) Diabetes Mellitus — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Heart Disease — 5 yrs
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Generalized Arteriosclerosis

MEDICAL CERTIFICATION

19a. DATE OF OPERATION: None
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, natity medical exominer) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this haspital) ottended the deceased from 8/1/72, 19__, to 11/6/72, 19__, that (I) (we) lost saw the deceased alive an 11/6 1972, and that in (my) (our) apinion death accurred on the date ond haur ond from the causes stoted above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Earl L. Chambers M.D. DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11/7/72.
22d. PHYSICIAN'S NAME (Type): Earl L. Chambers M.D.
22e. ADDRESS: 100 W. Cold Spring La. Balto. Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 9 72
23c. NAME OF CEMETERY OR CREMATORY: Pikewood
23d. LOCATION (City or Town) (County) (State): Balto Md
24. FUNERAL DIRECTOR: O'Alleman ADDRESS: 6067 Harford Rd
25a. REC'D BY REGISTRAR DATE: NOV 10 1972
25b. REGISTRAR'S SIGNATURE: Sidney M Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH - 16 3/72 25M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16926 — 16927

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Pages 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: FLORENCE	Middle: M.	Last: BUSH	2a. DATE OF DEATH	Month: 11	Day: 09	Year: 72	2b. HOUR: 6:35 P M
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 09/02/90	6. AGE (In years last birthday): 82 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.			
7a. BIRTHPLACE (State or foreign country): NEW YORK	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.					
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): ST. JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): OPERATOR	12b. KIND OF BUSINESS OR INDUSTRY: TELEPHONE 60642					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: ILLINOIS	13b. COUNTY: Cook	13c. CITY OR TOWN: EVERGREEN, PK	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 9850 S. Central Park Ave.				
14. FATHER'S NAME	First: Edward	Middle: B.	Last: WILLSON	15. MOTHER'S MAIDEN NAME First: Minnie	Middle: L.	Last: CROSS		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-20-2057	17. INFORMANT: EDNA B. CECIL	Address: 1125A Donnington Circle					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE, CLASS 4 SEC. TO ARTERIO SCLEROTIC HEART DIS. WITH AORTIC STENOSIS & INSUFF.

DUE TO, OR AS A CONSEQUENCE OF

(b): LF. VENTRICULAR HYPERTROPHY WITH MYOCARDIAL ISCHEMIA

DUE TO, OR AS A CONSEQUENCE OF

(c): CHRONIC OBSTRUCTIVE LUNG DISEASE WITH BASAL EFFUSION

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (X) (this hospital) attended the deceased from 10/24, 19 72, to 11/09, 19 72, that (X) (we) last saw the deceased alive on 11/09 19 72, and that in (XX) (our) opinion death occurred on the dote ond hour and from the causes stated above, (X) (we) (did) ~~(did not)~~ view the body after deoth.

22b. SIGNATURE: dLachenal - Dijamco	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☑	22c. DATE SIGNED: 11/09/72	
22d. PHYSICIAN'S NAME (Type): ALICE LACHENAL DIJAMCO	22e. ADDRESS: 7620 York Road, Baltimore, Md. 21204		
23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION	23b. DATE: 11-13-72	23c. NAME OF ~~CEMETERY~~ OR CREMATORY: Greenmount Crematory	23d. LOCATION (City or Town) (County) (State): Balt. Md
24. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson Inc.	ADDRESS: Towson Md	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Audrey M Norton

16927

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16928

Item#13e, Film G454 12/8/72 kam

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year
ELLA	NMN	BUTLER	11 30 72

2b. HOUR: 8:32 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
FEMALE	WHITE	7-28-91	81 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	USA		BALTO. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
RANDALLSTOWN	BCGH	RETIRED	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
MD.	BALTO.			1808 Cromwood Road, 21234

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
David		Kenney	Laura		Addison

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	213-07-9329	H. Armand Butler 1808 Cromwood Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO, OR AS A CONSEQUENCE OF (b) Disease. Acute
DUE TO, OR AS A CONSEQUENCE OF (c) Myocardial infarction — 1 Day
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 6-18-, 1971, to 11-30-, 1972, that (I) (we) last saw the deceased alive on 11-30-1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
A.H. Ghiladi	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	11-30-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
A.H. GHILADI	1926 Northern Pkwy Balto Md 09

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Entombment	12/2/72	Lorraine Park Maus.	Balto. Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. E. Johnson 8521 Loch Raven Blvd.	DEC 5 1972	Sidney M. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16928 — 16929

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: John	Middle: E.	Last: Caldwell
2a. DATE OF DEATH	Month: November	Day: 27,	Year: 1972
2b. HOUR	12:15 PM		
3. SEX	Male		
4. RACE	Caucasian		
5. DATE OF BIRTH	September 15, 1888		
6. AGE (In years last birthday)	84 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	Wash, D.C.		
7b. CITIZEN OF WHAT COUNTRY?	USA		
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐			
9. COUNTY OF DEATH	Baltimore County Md.		
10. CITY OR TOWN OF DEATH	Catonsville		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Caton Ridge N. H.		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Painter		
12b. KIND OF BUSINESS OR INDUSTRY	Home Imp		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.		
13b. COUNTY			
13c. CITY OR TOWN	Balto.		
13d. INSIDE CITY LIMITS? YES ☒ NO ☐			
13e. STREET AND NUMBER	726 S. Conkling St.		
14. FATHER'S NAME	First: Harry	Middle:	Last: Caldwell
15. MOTHER'S MAIDEN NAME	First:	Middle:	Last: Mc Elery
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	Yes	(If yes give war or dates of service) WWI	
16b. SOCIAL SECURITY NO.	217-03-0249		
17. INFORMANT	Alvina Gibson	Address: 6602A Wycombe Way 21234	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIO-RESPIRATORY ARREST.

DUE TO, OR AS A CONSEQUENCE OF

(b) ASCVD - & HEART BLOCK.

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 11/22, 1972, to 11/27, 1972, tho (II) (we) last saw the deceased alive on 11/27 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: Wm. E. Johnson M.D. DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED 11/27/72

22d. PHYSICIAN'S NAME (Type) WM. E. JOHNSON M.D.

22e. ADDRESS 7200 CAMPFIELD Rd BALT Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	11/30/72	Loudon Park Cemetery	Balto. Md.	

24. FUNERAL DIRECTOR: Wm. E. Johnson ADDRESS: 8521 Loch Raven Blvd.

25a. REC'D BY REGISTRAR DATE: NOV 29 1972

25b. REGISTRAR'S SIGNATURE: Sidney M. Norton

DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16929 — 16930

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: PETER	Middle: (NMN)	Last: CAPIZZI	2a. DATE OF DEATH Month: 11 Day: 27 Year: 72	2b. HOUR: 4:20 A
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 12 02 93	6. AGE (In years last birthday): 78 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): ITALY	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired Grocer (Self-Employed)	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 3728 ECHODALE AVE.	
14. FATHER'S NAME First: Antonino	Middle	Last: Capizzi	15. MOTHER'S MAIDEN NAME First: Giuppena	Middle	Last: Marchiafava
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 219-32-0456	17. INFORMANT: Mrs. Lena M. Capizzi	Address: (Same)		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF

(b): METASTASIS CARCINOMA

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1990

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [XX]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, natity medical examiner) UNDERLYING [ ]

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (X) (this hospital) attended the deceased from 11 14, 1972, to 11 27, 1972, that (X) (we) last saw the deceased alive on 11 27 19 72 and that in (XX) (our) opinion death occurred on the date and hour and from the causes stated above. (XX) (we) (did) (XXX) view the body after death.

22b. SIGNATURE: Sin Sethavorachit, DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]

22c. DATE SIGNED: 11/27/72

22d. PHYSICIAN'S NAME (Type): SIN SETHAVORACHIT

22e. ADDRESS: 7620 YORK ROAD

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/30/72.	23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Md.

24. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.	ADDRESS: Balto. Md.	25a. REC'D BY REGISTRAR DATE: NOV 29 1972	25b. REGISTRAR'S SIGNATURE: Sidney [illegible] Norton

DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16930

16931

Item#6, Film345h 12/6/72 kam

1. DECEASED-NAME (Type or print): First: Clifton; Middle: Reynolds; Last: Carlisle

2a. DATE OF DEATH: Month 11 Day 25 Year 72

2b. HOUR: 5:20 PM

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 7-31-14

6. AGE (In years last birthday): 58 YRS.

IF UNDER 1 YEAR: MONTHS; DAYS

IF UNDER 24 HRS.: HOURS; MIN.

7a. BIRTHPLACE (State or foreign country): Virginia

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Mt. Wilson

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Mt. Wilson State Hosp.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer

12b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Montgomery

13c. CITY OR TOWN: Burtonsville

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 14812 Old Columbia Rd.

14. FATHER'S NAME First: Charles; Middle; Last: Carlisle

15. MOTHER'S MAIDEN NAME First: Ida; Middle: Willingham; Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.

17. INFORMANT Address: Records, Mt. Wilson State Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Chronic Brain Syndrome

DUE TO, OR AS A CONSEQUENCE OF (b): Chronic alcoholism

DUE TO, OR AS A CONSEQUENCE OF (c):

3032

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Generalized atherosclerosis

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I **certify** that (I) (this hospital) attended the deceased from 9-1-72, to 11-25-72, that (I) (we) last saw the deceased alive on 11-25-72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Elmer P. Sauer M.D. DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [X] STAFF PHYS. [ ]

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type): Elmer P. Sauer, M.D.

22e. ADDRESS: Mt. Wilson, Md. 21112

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 11/27/72

23c. NAME OF CEMETERY OR CREMATORY: Forest Lawn Crematory

23d. LOCATION (City or Town) (County) (State): Catonsville Md.

24. FUNERAL DIRECTOR: Donaldson, Jr. & Sauer, Md

ADDRESS

25a. REC'D BY REGISTRAR DATE: DEC 11 1972

25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16931 — 16932

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Henry; Middle: E.; Last: Carmine
2a. DATE OF DEATH	11/30/72 (Month / Day / Year)
2b. HOUR	9:35 A M
3. SEX	Male
4. RACE	White
5. DATE OF BIRTH	9/6/09
6. AGE (In years last birthday)	63 YRS. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)
7a. BIRTHPLACE (State or foreign country)	Maryland
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Catonsville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	1207 Blackfriers Rd
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	retired civil engineer
12b. KIND OF BUSINESS OR INDUSTRY	Gov't.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md
13b. COUNTY	Baltimore
13c. CITY OR TOWN	Catonsville
13d. INSIDE CITY LIMITS?	YES [ ] NO [X]
13e. STREET AND NUMBER	1207 Blackfriers Road
14. FATHER'S NAME	First: Late Arthur L. Carmine; Middle; Last
15. MOTHER'S MAIDEN NAME	First: Elizabeth (Zeller); Middle; Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	218-22-0534
17. INFORMANT Address	Mrs. Dorothy Carmine, 1207 Blackfriers Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac arrest	sudden
DUE TO, OR AS A CONSEQUENCE OF (b)	Coronary atherosclerotic vascular disease	6 months
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that (I) (this hospital) attended the deceased from Feb. 10, 1972, to Nov. 30, 1972, that (I) (We) last saw the deceased alive on Nov. 1, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED	11-30-72
22d. PHYSICIAN'S NAME (Type)	Dr. John A. Nesbitt	22e. ADDRESS	1009 Frederick Road

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	12/4/72	Lakeview	Carroll Cty,	Maryland
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Witzke Catonsville Funeral Directors	1630 Edmondson Avenue	DEC 1 1972		

16932

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16933

Item#23b FilmG45h 12/1/72 sy

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
CHARLES		CARRINGTON	NOV.	14	1972	7 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.
MALE	NEGRO	3/22/96	76 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH
Va.	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Mt. Wilson	Mt. Wilson State Hosp.	UNEMPLOYED	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER
Md.		BALTO		2319 FREDERICK AVE.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
			BETTY		CARRINGTON

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
no	228-10-4364	Records, Mt. Wilson State Hospital	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardio-Vascular
4124
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Disease
DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Chronic Obstructive Airway Disease

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, natity medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 12/21, 1971, to 11/14 1972, that (I) (we) last saw the deceased alive on 11/14 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE				22c. DATE SIGNED
Elmer P. Sauer M.D.		ATTENDING PHYS. ☐	MED. DIRECTOR ☒	STAFF PHYS. ☐	11/14/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Elmer P. Sauer, M.D.	Mt. Wilson, Maryland 21112

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10-21-72	Mt Auburn Cemetery	Westport Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Charles A. Ris	1300 W. Eutaw Place	NOV 24 1972	Sidney Winton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

4 1

16933

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16934

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Abraham	Middle: NMN	Last: CARROLL ~~Carroll~~	2a. DATE OF DEATH Month: 11 Day: 13 Year: 72	2b. HOUR: 11:30 AM
3. SEX: male	4. RACE: white	5. DATE OF BIRTH: 3/31/1894	6. AGE (In years last birthday): 78 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Russia	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: RANDALLSTOWN ~~XXXXXXXXXXXX~~	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto. County General Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): TAILOR	12b. KIND OF BUSINESS OR INDUSTRY: RETAIL		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 6508 EBERLE DRIVE #21215	
14. FATHER'S NAME First / Middle / Last		15. MOTHER'S MAIDEN NAME First / Middle / Last			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: MR. DANIEL CARROLL, 7605 CARLA ROAD #21208			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Resp. ARREST

DUE TO, OR AS A CONSEQUENCE OF (b): DISEMINATED CA.

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1990

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from 10-22, 19 72, to 11-13, 19 72 that (I) (we) last saw the deceased alive on 11/13/72 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
Portuondo		11/13/72
22d. PHYSICIAN'S NAME (Type): PORTUONDO	22e. ADDRESS	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/14/72	WORKMEN CIRCLE	BALTIMORE, MARYLAND

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Sol Levinson Bros	6010 Reisterstown Rd	NOV 17 1972	Lizzie M. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16934 — 16935

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: MARY	Middle:	Last: CARTER	2a. DATE OF DEATH: Month 11 Day 21 Year 72 (11 23 25)
2b. HOUR: 1 50 P.M.				
3. SEX: F	4. RACE: N	5. DATE OF BIRTH: 11-23-25	6. AGE (In years last birthday): 46 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): USA	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Mt. Wilson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Mt. Wilson State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): DOMESTIC	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 3700 W. GARRISON AV.
14. FATHER'S NAME First: ?	Middle:	Last:	15. MOTHER'S MAIDEN NAME First: ?	Middle: Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: —	17. INFORMANT Address: Records, Mt. Wilson State Hospital		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124
DUE TO, OR AS A CONSEQUENCE OF
(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF
(c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
LUNG ABSCESS - CVA, OLD

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, natity medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from MAY 5, 1972, to NOV 21, 1972, that (I) (we) last saw the deceased alive on NOV 21 1972, and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Elmer P. Sauer MD — DEGREE - ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11-21-72

22d. PHYSICIAN'S NAME (Type): Elmer P. Sauer, M.D. — 22e. ADDRESS: Mt. Wilson, Md. 21112

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-24-72	Mt Lebanon Cem	Baltimore Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Joseph L. Rives	2222 W. North Ave	DEC 1 1972	Sidney M. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16935 — 16936

1. DECEASED-NAME (Type or print): First Angelo Middle P. Last Cavallaro

2a. DATE OF DEATH: Month 11 Day 30 Year 72

2b. HOUR: 5:50 PM

3. SEX: male

4. RACE: white

5. DATE OF BIRTH: 8-18-84

6. AGE (In years last birthday): 88 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): Italy

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Baltimore County

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): Home Perring Parkway Nursing

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Artist

12b. KIND OF BUSINESS OR INDUSTRY: Self employed

13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY:

13c. CITY OR TOWN: Balto.

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 3919 Juniper Rd.

14. FATHER'S NAME First Evaristo Middle Lost Cavallaro

15. MOTHER'S MAIDEN NAME First Teresa Middle Lost Foresti

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 216-32-4563

17. INFORMANT: Mr. Edward Foresti Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular Accident - — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mos -

Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. 4122

DUE TO, OR AS A CONSEQUENCE OF (b) H. A.S.C.V.D. — YEARS -

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis - Senility - — YEARS -

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Anemia -

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medicol exominer)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify thot (I) (this hospital) attended the deceosed from Nov 29 19 72, to Nov 30 19 72, thot (I) (we) last saw the deceased alive on Nov 30 19 72 and thot in (my) (our) opinion death occurred on the date and haur and from the couses Stated above, (I) (we) (did) (did nat) view the body after deoth.

22b. SIGNATURE: Anthony Farozza — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 12/1/72

22d. PHYSICIAN'S NAME (Type): Anthony F. FAROZZA

22e. ADDRESS: 527 York Rd Balto Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-4-72

23c. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery

23d. LOCATION (City or Town) (County) (Stote): Baltimore, Maryland

24. FUNERAL DIRECTOR: Henry W. Jenkins Sons Co.

ADDRESS: 4905 York Rd. Baltimore, Md. 21212

25a. REC'D BY REGISTRAR DATE: DEC 4 1972

25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleose remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removol, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16936 — 16937

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form MM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: Joseph	Middle: Francis	Last: Ceccio Sr.	2a. DATE KNOWN OF DEATH [X] ESTIMATED [ ] Month: Nov. Day: 25 Year: 1972	2b. HOUR: 6 45 P M			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Feb. 5, 1922	6. AGE (In years last birthday): 50 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: Nov. Day: 25 Year: 1972	2d. HOUR: 6 45 P M		
7a. BIRTHPLACE (State or foreign country): Balto. City	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Reisterstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 404 Highmeadow Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Supervisor Bendix Co.	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Reisterstown	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 404 Highmeadow Road			
14. FATHER'S NAME First: Salvatore	Middle:	Last: Ceccio	15. MOTHER'S MAIDEN NAME First: Concetta	Middle: Scarlatta	Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 218-03-6436	17. INFORMANT: Mrs. Concetta Ceccio	ADDRESS: Reisterstown, Md.				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

4109 IMMEDIATE CAUSE (a): Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 min.

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [ ] NO [X]
21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I taak charge of the remoins described above, held on Autopsy [ ], Inspection [X], Inquiry [X], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Hamicide [ ], Undetermined monner [ ]

ACTUAL SIGNATURE: D. D. Caples M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

EXAMINER'S NAME (Type): D. D. Caples, M. D. — ADDRESS (Street, City, Town, County): 6 Hanover Rd. Reisterstown, Md. 21136

22b. DATE SIGNED: 11-27-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 29,72	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Md.	
24. FUNERAL DIRECTOR: Leonard J. Ruck Inc.	ADDRESS: Baltimore, Md. 21214	25a. REC'D BY REGISTRAR DATE: NOV 29 1972	25b. REGISTRAR'S SIGNATURE: Lindsay Horton	

DHMH-17 1/7 HOM
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16937 — 16938

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Helen	Middle: Elizabeth	Last: Chambers	2a. DATE OF DEATH Month: 11 Day: 26 Year: 72	2b. HOUR: 2:00 PM	
3. SEX: Female	4. RACE: Negro	5. DATE OF BIRTH: 5-3-28	6. AGE (In years last birthday): 44 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): S. Carolina	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Mt. Wilson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Mt. Wilson State Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 2211 N. Calvert St.		
14. FATHER'S NAME First: John	Middle: Jackson	Last	15. MOTHER'S MAIDEN NAME First: Elizabeth	Middle: Chinkschle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: —	17. INFORMANT Address: Records, Mt. Wilson State Hospital			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemoptisis
DUE TO, OR AS A CONSEQUENCE OF (b): Pulmonary tuberculosis.
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 10-19, 1972, to 11-26, 1972, that (I) (we) last saw the deceased alive on 11-26 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Elmer P. Sauer M.D. DEGREE — ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11-26-72

22d. PHYSICIAN'S NAME (Type): Elmer P. Sauer, M.D.q — 22e. ADDRESS: Mt. Wilson, Md. 21112

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-2-72	23c. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery	23d. LOCATION (City or Town) (County) (State): Anne Arundel Cty., Md.	
24. FUNERAL DIRECTOR: Wm C March	ADDRESS: 928 E North Ave.	25a. REC'D BY REGISTRAR DATE: NOV 29 1972	25b. REGISTRAR'S SIGNATURE: Lillian Sutton	

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16938 — 16939

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Emma	Middle: H.	Lost: Chenowith	2a. DATE OF DEATH Month: 11 Day: 21 Year: 72	2b. HOUR: 4:40 A M	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 4-2-1888	6. AGE (In years last birthday): 84 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): St. Joseph	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Lutherville	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 1116 Charmuth Rd. 21093		
14. FATHER'S NAME First / Middle / Lost: George W. Watts		15. MOTHER'S MAIDEN NAME First / Middle / Lost: Annie Graham				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-74-8492	17. INFORMANT: Mrs. Catherine C. Jenkins	Address: Same			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

(a) IMMEDIATE CAUSE: Fatal arrhythmia.

DUE TO, OR AS A CONSEQUENCE OF

(b) Myocardial infarction.

DUE TO, OR AS A CONSEQUENCE OF

(c) Arteriosclerotic heart disease.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that ~~I~~ (this hospital) attended the deceased from 11-21, 19 72, to 11-22, 19 72, that ~~I~~ (we) last saw the deceased alive on 11-22 19 72, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above, ~~I~~ (we) (did) ~~did not~~ view the body after death.

22b. SIGNATURE: Florecita P. Palomo md	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11-22-72	
22d. PHYSICIAN'S NAME (Type): Florecita P, Palomo, M.D.	22e. ADDRESS: 7620 York Rd. Towson, Md. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/25/72	23c. NAME OF CEMETERY OR CREMATORY: Western Cemetery	23d. LOCATION (City or Town): Baltimore	(County): Maryland (State)
24. FUNERAL DIRECTOR: Leonard J. Ruck Inc.	ADDRESS: 5305 Harford Rd.	25a. REC'D BY REGISTRAR DATE: NOV 24 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

1 16939

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

16940

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: VICTOR	Middle: E.	Last: CHRISTOPHER	2a. DATE OF DEATH: Month NOV Day 24 Year 1972	2b. HOUR: 8 A.M.
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: JAN. 2, 1889	6. AGE (In years last birthday): 83 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: PARKVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 8805 VICTORY Ave	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): AUTO MECHANIC	12b. KIND OF BUSINESS OR INDUSTRY: DAIRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: BALTO	13c. CITY OR TOWN: PARKVILLE	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 8805 VICTORY Ave	
14. FATHER'S NAME First: JOHN	Middle	Last: CHRISTOPHER	15. MOTHER'S MAIDEN NAME First	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): N	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-10-3939	17. INFORMANT: ALMA CHRISTOPHER	Address: SAME	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Cardiovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Manth Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 4, 1960, to 11/24, 1972, that (I) (we) last saw the deceased alive on 11/24 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Theodore E. Evans M.D. DEGREE	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11-25-72	
22d. PHYSICIAN'S NAME (Type): THEODORE E. EVANS M.D.	22e. ADDRESS: 9660 Belair Rd		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/29/72	23c. NAME OF CEMETERY OR CREMATORY: PARKWOOD	23d. LOCATION (City or Town) (County): BALTIMORE	(State): Md
24. FUNERAL DIRECTOR: CHAS. T. EVANS & SON	ADDRESS: 8802 HARFORD Rd	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Audrey H. Norton	

VR A15 (4) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16940 — 16941

RELEASED BY MEDICAL EXAMINER
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4)

1. DECEASED-NAME (Type or print)	First: STELLA	Middle: P.	Last: CLARKE	2o. DATE OF DEATH Month Doy Yeor: 11/19/72	2b. HOUR: 3:50PM
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 03-23-22	6. AGE (In years last birthday): 50 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7o. BIRTHPLACE (Stote or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): ST. JOSEPH	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Technician- Hswfe.	12b. KIND OF BUSINESS OR INDUSTRY: Gov't.		
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE: MARYLAND	13b. COUNTY: Balto	13c. CITY OR TOWN: BALTO.	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 1632 LYLE CT. 21234	
14. FATHER'S NAME First / Middle / Lost: Charles / Piotrowski		15. MOTHER'S MAIDEN NAME First / Middle / Lost: Josephine / Rapert			
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 214-18-5747	17. INFORMANT: Paul J. Clarke	Address: Same		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Ruptured cerebral aneurysm with subarachnoid hemorrhage
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gove rise to immediote couse (o), stoting the underlying couse lost.
4309
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21o. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote	

22a. **I certify** that (X) (this hospital) attended the deceased from 11/19/72, 19____, to 11/19/72 19____, that (X) (we) lost saw the deceased alive on 11/19/72 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (we) (did) (did not) view the body ofter death. GCCO

22b. SIGNATURE	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11/19/72	
22d. PHYSICIAN'S NAME (Type) Rudy Rumohr, M.D.	22e. ADDRESS: 7620 YORK RD, TOWSON MD 21204		

23o. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-24-72	23c. NAME OF CEMETERY OR CREMATORY: Moreland Memorial	23d. LOCATION (City or Town) (County) (Stote): Balto. Md.	
24. FUNERAL DIRECTOR: H.W.Jenkins & Sons Co., Balto.,Md.	ADDRESS	25o. REC'D BY REGISTRAR DATE: NOV 21 1972	25b. REGISTRAR'S SIGNATURE	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16941 — 16942

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be mailed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	ALEXANDER / H / CLATTENBURG Sr.
2a. DATE OF DEATH Month / Day / Year	11 / 29 / 72
2b. HOUR	M
3. SEX	MALE
4. RACE	WHITE
5. DATE OF BIRTH	7-20-02
6. AGE (In years last birthday)	70 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Mass.
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	ST JOSEPH'S HOSPITAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Clergyman
12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MARYLAND
13b. COUNTY	
13c. CITY OR TOWN	BALTIMORE
13d. INSIDE CITY LIMITS? YES [X] NO [ ]	
13e. STREET AND NUMBER	3505 GIBBONS AVE
14. FATHER'S NAME First / Middle / Last	- / - / Clattenburg
15. MOTHER'S MAIDEN NAME First / Middle / Last	- / - / -
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	no
16b. SOCIAL SECURITY NO.	219-32-1309A
17. INFORMANT Address	Mrs. Sylvia M. Clattenburg same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiogenic Shock. Acute Myocardial
DUE TO, OR AS A CONSEQUENCE OF (b) Infarct Acute Myocardial Infarct, probable
DUE TO, OR AS A CONSEQUENCE OF (c) Pulmonary edema. Cardiac
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
History of old infarct and D.M. COPD

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	
	11 29 1972	St Joseph hospital Baltimore Md.	

22a. **I certify** thot (I) (this hospitol) attended the deceased ~~from~~ to Day 19 to 19, that (I) (we) last saw the deceased alive on 11/29 1972 and thot in (my) (our) opinion deoth occurred on the dote ond hour ond from the couses stoted above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE DEGREE	ATTENDING PHYS. [ ] MED. DIRECTOR [X] STAFF PHYS. [X]	22c. DATE SIGNED	11/29/72
22d. PHYSICIAN'S NAME (Type)	Vuong Vu NGUYEN	22e. ADDRESS	St Joseph hospital Baltimore

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	12/2/72	Moreland Mem.	Balto. Md.	

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck Inc.	Balto. Md.	DEC 5 1972	Sidney H Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16942 — 16943

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	Regina M. Codire	2a. DATE OF DEATH Month / Day / Year	11 / 29 / 72	2b. HOUR	12:20 A M	
3. SEX	Female	4. RACE	White	5. DATE OF BIRTH	2-16-1888	6. AGE (In years last birthday)	84 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		9. COUNTY OF DEATH	Baltimore Md.		
10. CITY OR TOWN OF DEATH	Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Stella Maris Hospice	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Clerk	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	Allegheny	13c. CITY OR TOWN	Cumberland	13d. INSIDE CITY LIMITS? YES ☒ NO ☐		13e. STREET AND NUMBER	128 Bedford St.
14. FATHER'S NAME First / Middle / Last	James McHugh			15. MOTHER'S MAIDEN NAME First / Middle / Last	Catherine O'Shea				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	no	16b. SOCIAL SECURITY NO.	R-R-WA 499637	17. INFORMANT Address	Hospice File				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute M. I. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Signature	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED 11-29-72
22d. PHYSICIAN'S NAME (Type)	E. Lee Robbins M.D.	22e. ADDRESS	812 Mockingbird Lane			

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	Dec. 2, 1972	St. Patircks Cemetery	Cumberland Md.	
24. FUNERAL DIRECTOR ADDRESS	James F. Scarpelli, Cumberland, Md.	25a. REC'D BY REGISTRAR DATE	DEC 4 1972	25b. REGISTRAR'S SIGNATURE Sidney H. Norton

DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16943 — 16944

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be mailed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print): First: INA; Middle: F.; Last: COLEMAN
2a. DATE OF DEATH: Month: NOV. Day: 21 Year: 1972
2b. HOUR: 6:45 M
3. SEX: F
4. RACE: W
5. DATE OF BIRTH: OCT. 16, 1883
6. AGE (In years last birthday): 89 YRS. IF UNDER 1 YEAR: MONTHS, DAYS. IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): OHIO
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: CATONSVILLE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 205 OAK FOREST PLACE
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEKEEPER
12b. KIND OF BUSINESS OR INDUSTRY: HOME
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD
13b. COUNTY: BALTO.
13c. CITY OR TOWN: CATONSVILLE
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 205 OAK FOREST PLACE
14. FATHER'S NAME: First: LOREN Middle: Last: MURPHY
15. MOTHER'S MAIDEN NAME: First: MARY Middle: Last: McKEE
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: Clarence B. Coleman Address: 205 Oak Forest Place

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
4124 IMMEDIATE CAUSE (a) Myocardial Degeneration — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic Cardiovascular Disease — 15 yr
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

X
19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 10-3-, 1964, to 11-21-, 1972, that (I) (We) last saw the deceased alive on 11-6 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: Wilmer K. Gallagher M.D.
DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11-21-72
22d. PHYSICIAN'S NAME (Type): Wilmer K Gallagher
22e. ADDRESS: 6209 Frederick Rd. Balt. Md. 21228

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-21-72
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City or Town) (County) (State): Athens Ohio
24. FUNERAL DIRECTOR: Farley-Caverly ADDRESS: Catonsville, Md.
25a. REC'D BY REGISTRAR DATE: NOV 22 1972
25b. REGISTRAR'S SIGNATURE: Sidney Horton

1

FOR STATE HEALTH DEPT.

16944

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16945

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DHMH-17. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 IX-71-10M (VR A15ME(S))

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month	Day	Year 1972	2b. HOUR 1:15 P.M.
George	Douglas	Compton	11	16		
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month	Day	Year 1972	2d. HOUR 1:45 P.M.
Male	White	July 14, 1939	33 YRS.			11	16		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	9. COUNTY OF DEATH						
Maryland	U. S. A.		Baltimore Md.						
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY						
Baltimore	7915 Gough St.	Steel worker	Bethlehem Steel Co.						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER					
Md.	Baltimore	Baltimore	YES [X] NO [ ]	7915 Gough St.					
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last				
Virginius	W.	Compton	Grace	F.	Fillman				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT (Sister)	ADDRESS					
		217-38-5113	Mrs. Henrietta McKee	610 Almond Ave, Balto. Md. 21221					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Gunshot wound of head — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

955X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	11:15 ~~P~~ A.M. 11 16 19 72	shot self in head

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State
	Home	7915 Gough St., Baltimore, Baltimore, Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [ ], Suicide [X], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE W P Mulloy M.D.

EXAMINER'S NAME (Type) William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 11-17-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/20/72	Oak Lawn Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John J. Duda, 7922 Wise Ave. Dundalk, Md.	NOV 22 1972	Sidney L. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 80M (VR A15 (4))

1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16945 Item#1, FilmG454 12/6/72 kam

16946

1. DECEASED-NAME (Type or print): First ESTELLE Middle H Last Cook
2a. DATE OF DEATH: Month 11 Day 25 Year 72
2b. HOUR 1 P M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 7-18-01
6. AGE (In years last birthday): 71 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MINUTES
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Baltimore
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Penny Pavilion N-H
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: at home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Baltimore
13c. CITY OR TOWN: Baltimore
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 3101 Hammonds Lane
14. FATHER'S NAME: First John G. Middle Last Suess
15. MOTHER'S MAIDEN NAME: First Catherine Middle Last Bayer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 212-40-5171
17. INFORMANT: James Cook (son) Address: same address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma thoracic spine — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11 mos.
DUE TO, OR AS A CONSEQUENCE OF
(b): Carcinoma of breast — 2 yrs.
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
174X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 1971
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of breast
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19 72, to 11-25, 19 72, that (I) (we) last saw the deceased alive on 11-25- 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John J. Krejci MD. DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11-27-72
22d. PHYSICIAN'S NAME (Type): John J. Krejci
22e. ADDRESS: 2 E Read St.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/28/72
23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
23d. LOCATION (City or Town) (County) (State): Balto. Md.
24. FUNERAL DIRECTOR: Schmuck Funeral Home ADDRESS: 3331 Brehms Lane, Balto. Md.
25a. REC'D BY REGISTRAR: NOV 29 1972
25b. REGISTRAR'S SIGNATURE: Sidney [illegible]

7 1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16946 — 16947

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral data on page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: John	Middle: H.	Last: Cooney	2a. DATE OF DEATH Month: 11	Day: 8	Year: 72	2b. HOUR: 7:35 P M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Oct. 22, 1896	6. AGE (In years last birthday): 76 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Rossville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Franklin Square Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Sheetmetal Worker	12b. KIND OF BUSINESS OR INDUSTRY: Martins				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: White Marsh	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Silver Spring Rd. & Rt. 7			
14. FATHER'S NAME First: Michael	Middle	Last: Cooney	15. MOTHER'S MAIDEN NAME First: Lillian	Middle	Last: Draayer		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WWI	16b. SOCIAL SECURITY NO.: 215-07-9890A	17. INFORMANT: Mrs. Emma A. Cooney	Address: Silver Spring Rd & Rt 7 White Marsh 21162			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Sudden Cardio-respiratory arrest

DUE TO, OR AS A CONSEQUENCE OF (b): Cerebro-vascular accident

DUE TO, OR AS A CONSEQUENCE OF (c): Systemic hypertension

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4360

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Arteriosclerotic heart disease, old myocardial infarction, chronic bronchitis.

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING [ ] DR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that (I) (this hospital) attended the deceased from 11/6, 19 72, to 11/8, 19 72, that (I) (we) last saw the deceased alive on 11/8 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: L. Barai, M.D. DEGREE	ATTENDING PHYS. [ ] MED. DIRECTOR [✓] STAFF PHYS. [ ]	22c. DATE SIGNED: 11-8-72	
22d. PHYSICIAN'S NAME (Type): Dr. Barai	22e. ADDRESS: 9000 Franklin Square Drive		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/11/72	23c. NAME OF CEMETERY OR CREMATORY: Gardens Of Faith Cem.	23d. LOCATION (City or Town): Overlea	(County): Balto.	(State): Md.
24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: 7401 Belair Rd. Balto. 21236	25a. REC'D BY REGISTRAR DATE: NOV 10 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton		

DHMH - 16 3/72 25M (VR A15 (4))

1

FOR STATE HEALTH DEPT.

16947

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16948

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending," in pencil in Item 18. Give Pages 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form DMH-17. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Annie	Middle: M.	Lost: Cooper	2a. DATE KNOWN OF ESTIMATED ☑	Month: Nov. Day: 28 Year: 19 72	2b. HOUR 5A M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 11-29-07	6. AGE (In years last birthday): 64 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month Nov. Day 28 Year 19 72 — 2d. HOUR 7A M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Dundalk	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 1712 Burnham Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Dundalk	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 1712 Burnham Road		
14. FATHER'S NAME First: Albert	Middle	Lost: Schriver	15. MOTHER'S MAIDEN NAME First: Anna	Middle	Lost: Brown	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-42-5949	17. INFORMANT: Brother: Mr. John H. Schriver	ADDRESS: 1712 Burnham Road Dundalk, Md. 21222			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CHRONIC ISCHEMIC HEART DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4123
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: None	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑	
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote	

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
22b. DATE SIGNED: 11/29/72

EXAMINER'S NAME (Type): Melvin B. Davis, M.D.
ADDRESS(Street, city, town, or county): 6800 Mornington Rd. Dundalk, Md. 21222

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-1-72	23c. NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens	23d. LOCATION (City or Town) (County) (State): Bel Air, Maryland	
24. FUNERAL DIRECTOR ADDRESS: John J. Duda 7922 Wise Ave. Dundalk, Md.21222		25a. REC'D BY REGISTRAR DATE: DEC 4 1972	25b. REGISTRAR'S SIGNATURE: Audrey M Norton	

DHMH-17 1/71 1aM
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16948 — 16949

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print): First Dr. Joseph; Middle M.; Last Cordi
2a. DATE OF DEATH: Month 11; Day 9; Year 72
2b. HOUR: 2 P.M.
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: 4-22-10
6. AGE (In years last birthday): 62 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): New York
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 501 Stevenson Lane
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Physician
12b. KIND OF BUSINESS OR INDUSTRY: Medicine
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Balto.
13c. CITY OR TOWN: Towson
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 501 Stevenson Lane 21204
14. FATHER'S NAME: First Mariano G. Cordi; Middle; Last
15. MOTHER'S MAIDEN NAME: First Elvira; Middle C.; Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes give war or dates of service): WW II
16b. SOCIAL SECURITY NO.: 220-44-2595
17. INFORMANT: Mrs. Regina R. Cordi — Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from May 6, 1955, to Nov., 1972, that (I) (we) last saw the deceased alive on Nov. 8 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) did (did not) view the body after death.

22b. SIGNATURE: W. Meredith Smith — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: Nov. 10, 1972
22d. PHYSICIAN'S NAME (Type): Meredith W. Smith, M. D.
22e. ADDRESS: 6305 The Alameda

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-11-72
23c. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park
23d. LOCATION (City or Town) (County) (State): Baltimore, Co., Maryland
24. FUNERAL DIRECTOR: Henry W. Jenkins Sons
ADDRESS: 4905 York Rd. Baltimore, Maryland 21212
25a. REC'D BY REGISTRAR DATE: NOV 10 1972
25b. REGISTRAR'S SIGNATURE: Sidney [illegible] Norton

16949

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16950

1. DECEASED-NAME (Type or print): First: Helen; Middle: ; Last: Cortese

2a. DATE OF DEATH: Month 11 Day 18 Year 72

2b. HOUR: 4 PM

3. SEX: F

4. RACE: W

5. DATE OF BIRTH: 1-1-1916

6. AGE (In years last birthday): 56 YRS. IF UNDER 1 YEAR: MONTHS ; DAYS ; IF UNDER 24 HRS.: HOURS ; MIN.

7a. BIRTHPLACE (State or foreign country): MD.

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Baltimore

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Perring Parkway Nsing Home

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOMEMAKER

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Balto. md

13b. COUNTY: Balto

13c. CITY OR TOWN:

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 317 Impala Street 21224

14. FATHER'S NAME: First FRANK; Middle ; Last JUKUBIK

15. MOTHER'S MAIDEN NAME: First UNKNOWN; Middle ; Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO. 213-15-2567

17. INFORMANT: MR. HENRY CORTESE Address 317 IMPALA ST.

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) UREMIA - RENAL FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 MO.

DUE TO, OR AS A CONSEQUENCE OF

(b) NEPHROSCLEROSIS - — 6 MOS.

DUE TO, OR AS A CONSEQUENCE OF

(c) A.S.C.V.D.

4/24

Conditions, if any, which gove rise to immediote cause (a), stoting the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notity medical exominer)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 11-15, 1972, to 11-18, 1972, that (I) (we) last saw the deceased alive on 11-18 1972, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) ~~(did)~~ (did nat) view the body after death.

22b. SIGNATURE: Anthony F. Carozza Sr.

DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 11-20-72

22d. PHYSICIAN'S NAME (Type): ANTHONY F CAROZZA

22e. ADDRESS: 5217 YORK Rd KATO md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/22/72

23c. NAME OF CEMETERY OR CREMATORY: OAKLAWN CEMETERY

23d. LOCATION (City or Town) (County) (State): BALTIMORE Co MD

24. FUNERAL DIRECTOR: RAYMOND L. KACZOROWSKI

ADDRESS: 2525 FLEET ST.

25a. RECD BY REGISTRAR DATE: NOV 21 1972

25b. REGISTRAR'S SIGNATURE: Sidney M Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71-30M (VR A15 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16950 — 16951

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Lost	Regina (Jean) B. Cowman
2o. DATE OF DEATH Month Day Year	11 29 72
2b. HOUR	12:05 P M
3. SEX	Female
4. RACE	White
5. DATE OF BIRTH	9-30-08
6. AGE (In years last birthday)	64 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7o. BIRTHPLACE (State or foreign country)	Maryland
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	St. Joseph
12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Homemaker
12b. KIND OF BUSINESS OR INDUSTRY	
13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland
13b. COUNTY	Baltimore
13c. CITY OR TOWN	
13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	3028 Linwood Ave. 21234
14. FATHER'S NAME First / Middle / Lost	Frank X. Schmitt
15. MOTHER'S MAIDEN NAME First / Middle / Lost	Mary A. Franz
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	no
16b. SOCIAL SECURITY NO.	213-01-7368
17. INFORMANT Address	Melvin H. Cowman same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (o), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN DNSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Congestive heart failure.

4270

Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 11-14, 1972, to 11-29, 1972, that (I) (we) last saw the deceased alive an 11-29 1972, and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	O. C Rhee DEGREE	ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED 11-29-72
22d. PHYSICIAN'S NAME (Type)	O.C. Rhee, M.D.	22e. ADDRESS	7620 York Rd. Towson, Md. 21204

23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/2/72	23c. NAME OF CEMETERY OR CREMATORY Moreland Mem.	23d. LOCATION (City or Town) Balto. Md.	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS Leonard J. Ruck Inc. Ba lto. Md.	25o. REC'D BY REGISTRAR DATE DEC 5 1972	25b. REGISTRAR'S SIGNATURE Sidney H Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16951 — 16952

1. DECEASED-NAME (Type or print): First Mary Middle E Lost Cremen
2a. DATE OF DEATH: Month 11 Doy 6 Year 72
2b. HOUR: 7:45 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 3-8-88
6. AGE (In years last birthday): 84 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): W.Virginia
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Manor Care Rutton
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: A.A.Co
13c. CITY OR TOWN: Pasadena
13d. INSIDE CITY LIMITS? YES ☐ NO XX
13e. STREET AND NUMBER: Ft.Smallwood Road
14. FATHER'S NAME First Ward Middle T Lost Sutphin
15. MOTHER'S MAIDEN NAME First Mary Middle Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 216 32 8989
17. INFORMANT Address: Edward Brannan 344 Equitable Bldg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO, OR AS A CONSEQUENCE OF (b): Cerebral Thrombosis — 6 months
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. 4339

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Cerebral Arteriosclerosis

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐
21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 4 20, 1972, to 11-6-, 1972, that (I) ~~(we)~~ last saw the deceased alive on 11 1 1972, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the couses stoted above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: J.R. Norris
DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11.6.72
22d. PHYSICIAN'S NAME (Type): J.R. NORRIS
22e. ADDRESS: 2045 YORK ROAD, TIMONIUM, MD

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/9/72
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
23d. LOCATION (City or Town) (County) (Stote): Pikesville, Maryland
24. FUNERAL DIRECTOR ADDRESS: George J.Gonce 4001 Ritchie Highway
25a. REC'D BY REGISTRAR DATE: NOV 10 1972
25b. REGISTRAR'S SIGNATURE: Lindsay H Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16952 — 16953

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 must be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Charles	Middle: Daniel	Last: Cremens Sr.	2a. DATE OF DEATH Month: 11 Day: 20 Year: 72	2b. HOUR: 8:45 A M	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 1-22-13	6. AGE (In years last birthday): 59 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): St. Joseph	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Unemployed	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Balto.	13c. CITY OR TOWN: BALTO.	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 342 Southeast Ave. 21224		
14. FATHER'S NAME First / Middle / Last: Daniel Cremens	15. MOTHER'S MAIDEN NAME First / Middle / Last: Anna Geis					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-05-1931	17. INFORMANT Address: Marie Cremens (wife) same address				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Hemorrhagic shock

DUE TO, OR AS A CONSEQUENCE OF (b): bleeding from rectum

DUE TO, OR AS A CONSEQUENCE OF (c): recurrent ca of the rectum

Conditions, if ony, which gave rise to immediote couse (a), stoting the underlying couse lost.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notity medical exominer) UNDERLYING [ ] DR CONTRIBUTING [ ] CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify thot [X] (this hospital) attended the deceased from 11-19, 19 72, to 11-20, 19 72, that [X] (we) last saw the deceosed olive an 11-20 19 72, and thot in [X] (our) opinion death occurred an the date and hour and from the causes stated obave, [X] (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: Roberto Ferrer MD DEGREE — ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]

22c. DATE SIGNED: 11.20.72

22d. PHYSICIAN'S NAME (Type): Roberto Ferrer, M.D.

22e. ADDRESS: Suite 213-Professional Building 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/24/72	23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery	23d. LOCATION (City or Town) (County) (State): Balto. Md.	
24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Evelyn Norton		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16953 16954

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (Rev. 1-71) 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: James	Middle: J.	Last: Crocker	2a. DATE OF DEATH: Month 12 Day 72	Year	2b. HOUR: 1:53 P	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 4/9/98	6. AGE (In years last birthday): 74 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto. Co. General	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Clerk	12b. KIND OF BUSINESS OR INDUSTRY: Sup. Court				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 3642 Clifmar Rd. 21207			
14. FATHER'S NAME First: James	Middle	Last: Crocker	15. MOTHER'S MAIDEN NAME First: Anna	Middle	Last: Russell		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-07-9729	17. INFORMANT Address: Mrs. Eula B. Crocker, 3642 Clifmar Rd., 21207				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebro vascular accident, massive — one day

DUE TO, OR AS A CONSEQUENCE OF: most probably thrombosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS / DR CONTRIBUTING [ ] / CAUSE OF DEATH (If either, notify medical examiner) — UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 11-10, 19 72, to 11-12, 19 72, that (I) (we) last saw the deceased alive on 11-12 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Ephraim Barzaga	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11-12-72	
22d. PHYSICIAN'S NAME (Type): EPHRAIM BARZAGA	22e. ADDRESS: BALTO. COUNTY GEN. HOSPITAL		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/15/72	23c. NAME OF CEMETERY OR CREMATORY: 2 Lorraine Park Cemetery	23d. LOCATION (City or Town) (County) (State): Woodlawn, Baltimore, Md. 21207	
24. FUNERAL DIRECTOR: Loring Byers Funeral Directors P.A.	ADDRESS: 8728 Liberty Road, Randallstown, Maryland 21133	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: [illegible]	

1

16954

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16955

M

1. DECEASED-NAME (Type or print): First: JOAN Middle: Etta Last: CROCKETT
2a. DATE OF DEATH: Month 11 Day 1 Year 72
2b. HOUR: 5P M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 8-11-1919
6. AGE (In years lost birthday): 53 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): England
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: Pikesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Pikesville Gen. Hosp. Sudbrook Lane
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Saleslady
12b. KIND OF BUSINESS OR INDUSTRY: Dept. Stores
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY
13c. CITY OR TOWN: Balto.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 2523 Maryland Ave.,
14. FATHER'S NAME First: John Middle Last: Hardy
15. MOTHER'S MAIDEN NAME First: Etta Middle: Morgan Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 138-14-9639
17. INFORMANT: Peter John Hardy Address: 59 Rowan Rd. Chatham, N.J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Carcinoma Lesion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year
1990
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): none

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospital) attended the deceased from 1 Oct, 1972, to 1 Nov, 1972, that (I) (we) last saw the deceased alive on 30 Oct 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Harry M Walen MD DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 3 NOV 72
22d. PHYSICIAN'S NAME (Type): Harry M. Walen, M.D.
22e. ADDRESS: 9115 Reisterstown Road

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 11-4-1972
23c. NAME OF CEMETERY OR CREMATORY: Loudon Park
23d. LOCATION (City or Town) (County) (Stote): Baltimore, Md.
24. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.,
25a. REC'D BY REGISTRAR DATE: NOV 6 1972
25b. REGISTRAR'S SIGNATURE: Sidney S. Watson

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16955 — 16956

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 26M (VR A15 (4))

	First	Middle	Last				
1. DECEASED-NAME (Type or print)	SHERMAN	D.	CRONK	2a. DATE OF DEATH	Month 11	Day 16	Year 72

2b. HOUR 12:10 a M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS.: HOURS	MIN.
M	W	12/24/19	52 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
MISS.	USA		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ROSSVILLE	FRANKLIN SQ	MAINTENANCE	APTS

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER
MD.	BALTO	ESSEX		1439 KENT RD.

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
SHERMAN D. CRONK SR	NORMA SELLER

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
WW II	YES	439-09-8824	MARGARET CRONK	ABOVE

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Terminal Carcinoma of Esophagus.

150X

DUE TO, OR AS A CONSEQUENCE OF Liver multiple metastasis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 11 - 13 - 1972, to 11-16-, 19 72, that (I) (we) last saw the deceased alive on 11 - 16 - 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
[signature]		☐	☐	☒	11 - 16 - 72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
V. SATCHITHANANTHAM.	9000 FRANKLIN SQUARE DRIVE

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/18/72	HOLLY HILL	BALTO. MD.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Connelly Funeral Home 300 Main Ave.	NOV 22 1972	Sidney H. Winton

1

FOR STATE HEALTH DEPT.

16956

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16957

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH [X] ESTIMATED [ ] Month Day Year	2b. HOUR
VIRGINIA	RUTH	CROOK	11-21-72 19	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month Day Year	2d. HOUR
Female	White	7- 5- 1934	38 YRS.			November 21, 1972	6:45 A M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
S. Carolina	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Catonsville	104 Shadynook Court	Bookkeeper	E.K. Williams

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER
Maryland	Baltimore	Catonsville		104 Shadynook Court

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
David T. Stephen	Nell P. Parris

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Mr. James A. Crook, 104 Shadynook Court 21228

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a). stoting the underlying couse lost.	IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage	
	DUE TO, OR AS A CONSEQUENCE OF (b) Ruptured Aneurysm of Circle of Willis	
	DUE TO, OR AS A CONSEQUENCE OF (c)	

I 309

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that I taak charge of the remains described abave, held an Autapsy [X], Inspectian [ ], Inquiry [ ], and in my apinian death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Hamicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE — Deputy M.D. — CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] DEPUTY MEDICAL EXAMINER [ ]

EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11/21/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11-24-1972	Meadowridge Cemetery	Wash. Blvd. Howard Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Howard H. Hubbard, 4107 Wilkens Ave. 21229	NOV 24 1972	Sidney M Horton

DHMH-17 1/71 10M
(VR A15ME (5))

Items 18-22a Film 455 1/4/73 m

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-16957

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16958

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in panel in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner, Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR AISME (5))

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH / ESTIMATED	Month	Day	Year	2b. HOUR
Lillian	S.	Crosby	☒ / ☐	11	16	1972	9:32 P. M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month / Day / Year	2d. HOUR
Female	White	Nov.1,1912	60 YRS.			11 / 16 / 1972	9:32 P. M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Balt.Maryland	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	Shepherd Pratt Hospital		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Anne Arundel	Annapolis	YES ☐ NO ☐	183 Main Street

14. FATHER'S NAME First / Middle / Last	15. MOTHER'S MAIDEN NAME First / Middle / Last
Raphael Wolf	Molly

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give year or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	[illegible]	Mr.Ralph Crosby,2729 Lury La.,Annapolis,21401

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Overdose of Darvon

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 9503

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Yeor HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	11/16/1972	Ingested overdose of Darvon

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State
	Hospital	Towson / Balto., / Md.

22a. **I certify** that I taak charge of the remains described abave, held an Autapsy ☒, Inspectian ☐, Inquiry ☐, and in my apinian death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) William P. Mulloy, M.D. — M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11-17-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	Nov.19,1972	Hillcrest Memorial Cem.	Annapolis, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Hopping Funeral Home, succeded by t.a.hardesty 172 West St.,Annapolis, Maryland	NOV 27 1972	Sidney H Norton

16958

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16959

Item#8, Film 453 11/20/72 kam

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Lost
ELMER	E.	CULLISON

2a. DATE OF DEATH: Month 11 Day 13 Year 72 — 2b. HOUR 2:00 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	June 6, 1902	70 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Carroll Co., Md.	USA		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Baltimore	Franklin Square	Spice Blender	McCormick Co.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Md.	Balto	Baltimore		74 Cool Breeze Rd.

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Chester		Cullison	Mattie ~~Sadie~~		Miller

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	162-03-0608	Mrs. Helen M. Vinson, 936 Middleborough Balto 21221

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) LACTIC ACIDOSIS

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1621

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Carcinoma of the lung.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 11 - 12 -, 19 72 to 11 - 13 19 72, that (I) (we) last saw the deceased alive on 11 - 13 - 1972, and thot in (my) (our) opinion deoth occurred on the dote and hour ond from the causes stoted above, (I) (we) (did) (did not) view the body ofter deoth.

22b. SIGNATURE V. Satchithananthan DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒ — 22c. DATE SIGNED 11 -13 - 72

22d. PHYSICIAN'S NAME (Type) V. SATCHITHANANTHAN — 22e. ADDRESS 9000 FRANKLIN SQUARE DRIVE

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/16/72	Hampstead Cemetery	Hampstead Carroll Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Eline Funeral Home, Hampstead, Md.	NOV 15 1972	Sidney H. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16959 — 16960

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	William Randolph Dailey
2a. DATE OF DEATH Month / Day / Year	11 / 12 / 72
2b. HOUR	5:00 AM
3. SEX	M.
4. RACE	White
5. DATE OF BIRTH	9-12-92
6. AGE (In years last birthday)	80 YRS.
IF UNDER 1 YEAR — MONTHS / DAYS	
IF UNDER 24 HRS. — HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Virginia
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Mt. Wilson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Mt. Wilson State Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Race Horse Trainer
12b. KIND OF BUSINESS OR INDUSTRY	Race Track
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md
13b. COUNTY	Harford
13c. CITY OR TOWN	Fallston
13d. INSIDE CITY LIMITS? YES ☒ NO ☒	
13e. STREET AND NUMBER	4 Bagley St. (4 Bagley St.)
14. FATHER'S NAME First / Middle / Last	Thomas Dailey
15. MOTHER'S MAIDEN NAME First / Middle / Last	Martha Waltimeyer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	no
16b. SOCIAL SECURITY NO.	212-16-4309
17. INFORMANT Address	Records, Mt. Wilson State Hospital

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anuria - Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
485 x
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Renal Insufficiency
DUE TO, OR AS A CONSEQUENCE OF (c) Bronchopneumonia

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Pulmonary Tuberculosis, Inguinal Hernia

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 10-16, 1972, to 11-12, 1972, that (I) (we) last saw the deceased alive on 11-11, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Elmer P. Sauer M.D. DEGREE — ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐ — 22c. DATE SIGNED 11-12-72

22d. PHYSICIAN'S NAME (Type) Elmer P. Sauer, M.D. — 22e. ADDRESS Mt. Wilson, Maryland 21112

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 14, 1972	23c. NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens	23d. LOCATION (City or Town) Bel Air	(County) Harford Co. (State) Maryland 21014

24. FUNERAL DIRECTOR Joseph William Foster	ADDRESS W. Broadway & Williams St. Bel Air Maryland 21014	25a. REC'D BY REGISTRAR DATE NOV 14 1972	25b. REGISTRAR'S SIGNATURE Evelyn Hintons

Item 18 Film 455 12/20/72 mh

10 1

16960

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16961

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR
ANNA	MARGARET	DARNALL	NOV. 1 1972	2:40PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
FEMALE	WHITE	7-23-91	81 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Md.	USA	WIDOWED [X]	Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Mt. Wilson	Mt. Wilson State Hosp.	HOUSEWIFE	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	P.G.	Oxon Hill	YES / NO	RFD 1 Box 436 1100 Owens Rd.

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
AUGUST	F.	BAUMANN	Dorothea		Dryer

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO	262-48-9230	Records, Mt. Wilson State Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of the bladder — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr

188X

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b) FAM ADRY III PULM TB. — 8 yrs

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Far Advanced Pulmonary Tuberculosis, Inactive

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING / OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospital) ottended the deceased from 10/27, 1972, to 11/1, 1972, that (I) (we) last sow the deceased alive on 11/1, 1972 ond that in (my) (aur) apinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. / MED. DIRECTOR / STAFF PHYS.	22c. DATE SIGNED
Elmer P. Sauer M.D.	MED. DIRECTOR [X]	

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Elmer P. Sauer, M.D.	Mt. Wilson, Md. 21112

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Burial	11-4-72	Cedar Hill Mausoleum	Suitland, P.G., Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wilhelm Funeral Home	4308 Suitland Rd.	NOV 8 1972	Sidney H. Norton

DHMH-16 1/71 30M (VR A15 (4))

1703

1

16961

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16962

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 4 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First: Lydia Middle: MARIE Last: Dashiells
2a. DATE OF DEATH: Month: 11 Day: 28 Year: 72
2b. HOUR: 3:25 P.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 10-13-90
6. AGE (In years last birthday): 82 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Baltimore County Md.
10. CITY OR TOWN OF DEATH: Baltimore, Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Perring Pkwy Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: Homemaker
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY:
13c. CITY OR TOWN: Baltimore
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 3421 Kentucky Avenue
14. FATHER'S NAME First: George Middle: Lost: Bauer
15. MOTHER'S MAIDEN NAME First: Unknown Middle: Lost:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16b. SOCIAL SECURITY NO.: 213-48-9070
17. INFORMANT: Mr. Frederick Dashiells Address: 3421 Kentucky Ave. 21206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CANCER of Colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: June. 1972
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
1538

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: June 1972
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: CANCER of Colon
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 6/30/72, 19 to 11/28/72, 19, that (I) (we) last saw the deceased alive on 11/28/72, 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: Anthony F. Parozza — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 11/28/72
22d. PHYSICIAN'S NAME (Type): Anthony F. Parozza
22e. ADDRESS: 5217 York Rd Balto Md 21212

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/1/72
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
23d. LOCATION (City or Town) (County) (State): Pikesville Balto. Md.

24. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Rd. Balto. 21236
25a. REC'D BY REGISTRAR DATE: DEC 1 1972
25b. REGISTRAR'S SIGNATURE: Aubrey Horton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16962 16963

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Vola	Middle: M.	Last: Davenport	2a. DATE OF DEATH Month: 11	Day: 12	Year: 1972	2b. HOUR: 9:30 AM
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 3-7-89	6. AGE (In years last birthday): 83 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): St. Joseph Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 1610 E. Belvedere Ave.			
14. FATHER'S NAME First: John	Middle: Hacker	Last	15. MOTHER'S MAIDEN NAME First: -	Middle: -	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 219-20-5693	17. INFORMANT: Ned Preisendorfer	Address: same				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory insufficiency due to atelectasis and pneumonia.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b) Congestive heart failure and arteriosclerotic cardiovascular disease.
(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 10-7, 19 72, to 11-12, 19 72, that (I) (we) last saw the deceased alive on 11-12 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Florecita P. Palomo md.	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED: 11-13-72
22d. PHYSICIAN'S NAME (Type): Florecita P. Palomo, M.D.	22e. ADDRESS: 7620 York Rd. Towson, Md. 21204				

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/15/72	23c. NAME OF CEMETERY OR CREMATORY: Parkwood	23d. LOCATION (City or Town): Balto. Md.	(County) (State)
24. FUNERAL DIRECTOR: Leonard J. Ruck Inc.	ADDRESS: Balto. Md.	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16963 — 16964

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	EDGAR H. DAVIS
2a. DATE OF DEATH Month Day Year	November 22 1972
2b. HOUR	12:05 A M
3. SEX	Male
4. RACE	White
5. DATE OF BIRTH	October 29, 1893
6. AGE (In years last birthday)	79 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	England
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Mt. Washington
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	1208 Fairfield Road
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Salesman
12b. KIND OF BUSINESS OR INDUSTRY	Office Equip.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md
13b. COUNTY	Balto
13c. CITY OR TOWN	Mt. Wash.
13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	1208 Fairfield Road
14. FATHER'S NAME First / Middle / Last	Andrew Davis
15. MOTHER'S MAIDEN NAME First / Middle / Last	Elizabeth Timbs
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	577 10 4980
17. INFORMANT Address	Mrs. Ruth M. Roemer 1620 Charmuth Road Lutherville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebrovascular Accident	2 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Advanced Cerebral Arteriosclerosis	5 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)		

4379 — Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

NONE

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I **certify** that (I) (this hospital) attended the deceased from ____, 19 68, to Nov 22, 19 72, that (I) (we) last saw the deceased alive on Nov 21 19 72 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Leon E Kassel MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ] — 22c. DATE SIGNED: 11/22/72

22d. PHYSICIAN'S NAME (Type): Dr. Leon E. Kassel — 22e. ADDRESS: 222 West Cold Spring Lane Balto Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	24 Nov 1972	Druid Ridge Cemetery	Pikesville, Balto Co Md	
24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Burgee Funeral Home, By: Noah W Baines Jr	Baltimore, Maryland	NOV 27 1972	Sidney Horton	

FOR STATE HEALTH DEPT.

16964

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16965

1. DECEASED-NAME (Type or Print) First	Middle	Lost	2a. DATE KNOWN OF DEATH / ESTIMATED	Month	Doy	Yeor	2b. HOUR
Roy	C	Davis	☑ / ☐	11	21	1972	620 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month / Doy / Yeor	2d. HOUR
M	W	5-22-86	86 YRS.			11 / 21 / 1972	620 PM

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Carroll County	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Randallstown	Balto. County Gen.	Self-Employed	- - -

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md.	Carroll	Sykesville		RFD 1, Box 509 Sykesville, Md.

14. FATHER'S NAME First / Middle / Lost	15. MOTHER'S MAIDEN NAME First / Middle / Lost
Davis	Unknown

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
No		Jean F. Davis RFD 1, Box 509, Sykesville, Md. 21784

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atherosclerotic Cardiovascular Heart Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE John F. Schaefer M.D.
EXAMINER'S NAME (Type) SCHAEFER
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county) Baltimore
22b. DATE SIGNED 11-21-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/24/72	Lorraine Cemetery	Baltimore, Maryland

24. FUNERAL DIRECTOR / ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Armacost Funeral Chapel, 4600 Lib. Hts. Ave	NOV 24 1972	Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/70 10M
(VR A15ME (5)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16965 16966

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Guillermina	Middle: Whiteley	Last: Dell	2a. DATE OF DEATH: Month: November Day: 9 Year: 1972	2b. HOUR: 8:15 P.M.
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 9/16/1921	6. AGE (In years last birthday): 51 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Balto Co., Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Baltimore 21210	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 1208 Lake Falls Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY: Own Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Balto. 21210	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 1208 Lake Falls Road 21210	
14. FATHER'S NAME First: Benjamin	Middle:	Last: Whiteley	15. MOTHER'S MAIDEN NAME First: Clarita	Middle:	Last: Dalcour
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-12-2928	17. INFORMANT: Mr. Harold K. Dell, Jr.	Address: Same		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of lung with metastases to spinal cord. — 7 months
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote	

22a. I certify that (I) (~~this hospital~~) attended the deceased from 12-18, 19 61, to 11-9, 1972, that (I) (~~we~~) last saw the deceased alive on 11-8-72 19___, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: John A. Nesbitt M.D. DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11-10-72	
22d. PHYSICIAN'S NAME (Type): John A. Nesbitt M. D.	22e. ADDRESS: 1009 Frederick Road	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-11-72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park	23d. LOCATION (City or Town) (County) (State): Balto. Md.	
24. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.	ADDRESS: 4905 York Road Balto., Md. 21212	25a. REC'D BY REGISTRAR DATE: NOV 10 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH - 16 3/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16966 — 16967

1. DECEASED-NAME (Type or print): First FRANCIS; Middle LEROY; Last DICK

2a. DATE OF DEATH: November (Month) 16 (Day) 1972 (Year)

2b. HOUR: 5:20 A M

3. SEX: MALE

4. RACE: WHITE

5. DATE OF BIRTH: 12/23/19

6. AGE (In years last birthday): 52 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: BALTIMORE Md.

10. CITY OR TOWN OF DEATH: FORT HOWARD

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): VETERANS ADMINISTRATION

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Frame Man

12b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND

13b. COUNTY: ~~BALTIMORE~~ Harford Co.

13c. CITY OR TOWN: Forest Hill

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: 2710 Rocks Rd. Forest Hill 21050

14. FATHER'S NAME: First EDGAR; Middle; Last DICK

15. MOTHER'S MAIDEN NAME: First ANNA; Middle Esther; Last Folker ~~FAKEN~~

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): KOREAN

16b. SOCIAL SECURITY NO.: 212 18 3001

17. INFORMANT: Address: CLIN. RECDS. VA HOSPITAL, FT. HOWARD, MD.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): BROCHOPNEUMONIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: DAYS

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost. 1621

(b) CARCINOMA OF THE LUNG WITH WIDE SPREAD METASTASES — 8 MONTHS

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medical exominer)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Doy Yeor 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that ~~I~~ (this haspital) attended the deceased from 11/8, 19 72, to 11/16, 19 72, that ~~I~~ (we) last saw the deceased alive an 11/16 19 72, and that in ~~my~~ (aur) apinian death accurred an the date and haur and from the causes stated abave, ~~I~~ (we) (did) ~~did not~~ view the body after death.

22b. SIGNATURE: Henry C. Alexander Jr. M.D. — DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]

22c. DATE SIGNED: 11/16/72

22d. PHYSICIAN'S NAME (Type): HENRY C. ALEXANDER, M.D.

22e. ADDRESS: VAH, FORT HOWARD, MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: Nov. 18, 1972

23c. NAME OF CEMETERY OR CREMATORY: BELAIR MEMORIAL GARDENS

23d. LOCATION (City or Town) Harford (County) (Stote): BELAIR MARYLAND 21014

24. FUNERAL DIRECTOR: Joseph William Foster — FOSTER FUNERAL HOME — ADDRESS: BELAIR MARYLAND 21014

25a. RECD. BY REGISTRAR DATE: NOV 20 1972

25b. REGISTRAR'S SIGNATURE: Sidney H Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M
(VR A15 (4))

1

FOR STATE HEALTH DEPT.

16967

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16968

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: Robert	Middle: H.	Last: Dilworth, Sr.	2a. DATE KNOWN OF DEATH ESTIMATED ☑ Month: November Day: 3 Year: 1972	2b. HOUR: 1:30 PM	
3. SEX: Male	4. RACE: Cauc.	5. DATE OF BIRTH: April 16, 1896	6. AGE (In years last birthday): 76 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month / Day / Year 19	2d. HOUR M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore,		Md.
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): St. Joseph's Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Contracting Supplies	12b. KIND OF BUSINESS OR INDUSTRY: Own Busines		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission): Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Timonium	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 27 N. Hampton Road	
14. FATHER'S NAME First: Joseph	Middle:	Last: Dilworth	15. MOTHER'S MAIDEN NAME First: Annee	Middle:	Last: Knoebel
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 215-05-1054	17. INFORMANT: Helen M. Dilworth	ADDRESS: Same as #13		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
(b) Generalized Cardiosclerosis — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF
(c) Vascular Disease
4100
Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I taak charge af the remains described abave, held an Autapsy ☐, Inspectian ☒, Inquiry ☐, and in my apinian death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Charles F. O'Donnell M.D.
EXAMINER'S NAME (Type): CHARLES F. O'DONNELL, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 11/3/72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-6-72	23c. NAME OF CEMETERY OR CREMATORY: Chestnut Grove Cemetery	23d. LOCATION (City or Town) (County) (Stote): Jacksonville, Balto., Md.	
24. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc.	ADDRESS: Towson, Md.	25a. REC'D BY REGISTRAR DATE: NOV 8 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16968 — 16969

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: ~~XXX~~. William	Middle: P.	Last: DI NATALE	2a. DATE OF DEATH: Month 11 Day 24 Year 72	2b. HOUR: 10:20 P.M.	
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 6 11 20	6. AGE (In years last birthday): 52 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: US	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTO. Md.			
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): BALTO. CO. GENERAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): SALES	12b. KIND OF BUSINESS OR INDUSTRY: AUTO			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: BALTO.	13c. CITY OR TOWN: Reisterstown	13d. INSIDE CITY LIMITS? YES [ ] NO [XX]	13e. STREET AND NUMBER: 232 NORTHWAY RD. 21136		
14. FATHER'S NAME First / Middle / Last: Alessandro DiNatale		15. MOTHER'S MAIDEN NAME First / Middle / Last: Late Mary Bisesi				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes give war or dates of service): WW 2	16b. SOCIAL SECURITY NO.: 218-09-6494	17. INFORMANT: Mrs. William P. DiNatale	Address: Reisterstown, Md. 232 Northway Rd		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute mF — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: acute
DUE TO, OR AS A CONSEQUENCE OF
(b): A SCVD — 6 yrs
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.
I109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from July, 19 [illegible], to Present, 19____, that (I) (~~we~~) last saw the deceased alive on 9/20 19 72, and that in (my) (~~our~~) opinion death occurred on the date and haur and fram the causes stated abave, (I) (we) (did) (~~did not~~) view the bady after death.

22b. SIGNATURE: Leon S. Sheer, MD DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/25/72	
22d. PHYSICIAN'S NAME (Type): Dr. Leon Sheer	22e. ADDRESS: 6715 Park Heights Avenue		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/28/72	23c. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Witzke , 1630 Edmondson Avenue 21228	ADDRESS	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Dwight Norton	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

16969 — 16970

1. DECEASED-NAME (Type or print): First CHARLES — Middle CLAY — Last DIXON

2a. DATE OF DEATH: Month NOVEMBER — Day 5 — Year 1972

2b. HOUR: M

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: August 18, 1900

6. AGE (In years last birthday): 72 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Catonsville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 100 Newburg Ave.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Baltimore

13c. CITY OR TOWN: Catonsville

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 100 Newburg Ave.

14. FATHER'S NAME: First Isaac — Middle — Last Dixon

15. MOTHER'S MAIDEN NAME: First Catherine — Middle — Last Kahler

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 217-22-4644

17. INFORMANT: Mrs. Palma C. Dixon — Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma of the prostate with metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 yrs +

DUE TO, OR AS A CONSEQUENCE OF

(b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 185X

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. — City or Town — County — State

22a. **I certify** that (I) (this hospital) attended the deceased from 10-29, 19 59, to 11-5, 19 72, that (I) (we) last saw the deceased alive on 11-4 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John A. Nesbitt Jr. M.D. — DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 11-6-72

22d. PHYSICIAN'S NAME (Type): John A. Nesbitt, M.D.

22e. ADDRESS: 1009 Frederick Rd. Catonsville, Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/8/72

23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn

23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland

24. FUNERAL DIRECTOR — ADDRESS: Edw. S. MacNabb Sons, Inc. 301 Frederick Rd. Catonsville, Md.

25a. REC'D BY REGISTRAR DATE: NOV 10 1972

25b. REGISTRAR'S SIGNATURE: Sidney M. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1/69

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16970 16971

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 4 should be mailed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: JAMES	Middle: C.	Last: DOUGHERTY	2a. DATE OF DEATH: 11- Month	16- Day	1972 Year	2b. HOUR: M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 9-3-1900	6. AGE (In years last birthday): 72 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Pikesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 605 Glen Rock Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Pikesville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 605 Glen Rock Rd. 21208			
14. FATHER'S NAME First: James	Middle:	Last: Dougherty	15. MOTHER'S MAIDEN NAME First: Mamie	Middle: Hahn	Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-32-7858	17. INFORMANT: Mrs. Marie E. Dougherty, 605 Glen Rock Rd.	Address			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute M.I. — Sudden.
DUE TO, OR AS A CONSEQUENCE OF (b): Coron. Art. Disease — 5 years
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from _____, 1972, to Nov 15, 1972, that (I) (we) last saw the deceased alive on Nov 15 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: L. Solomon	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/17/72	
22d. PHYSICIAN'S NAME (Type): Lawrence F. Solomon	22e. ADDRESS: 3600 Lochearn Drive, Baltimore, Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-20-1972	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Howard H. Hubbard	ADDRESS: 4107 Wilkens Ave. 21229	25a. REC'D BY REGISTRAR DATE: NOV 20 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

16971 — 16972

Item#11, Film G454 12/1/72 kam

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 25m-1/70

1. DECEASED-NAME (Type or print) First / Middle / Last	JOSEPHINE / DRIVER
2a. DATE OF DEATH Month / Day / Year	11 / 4 / 72
2b. HOUR	5:25 P.M.
3. SEX	Female
4. RACE	White
5. DATE OF BIRTH	1-12-77
6. AGE (In years last birthday) / IF UNDER 1 YEAR: MONTHS, DAYS / IF UNDER 24 HRS.: HOURS, MIN.	95 YRS.
7a. BIRTHPLACE (State or foreign country)	Balto., Md.
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	RANDALLSTOWN
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	RCC Randallstown Cov. Center
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired Clerical
12b. KIND OF BUSINESS OR INDUSTRY	Office
13a. USUAL RESIDENCE (Where deceased lived before admission) STATE	Maryland
13b. COUNTY	
13c. CITY OR TOWN	Baltimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐	
13e. STREET AND NUMBER	2123 St. Paul Street
14. FATHER'S NAME First / Middle / Last	Louis J. Driver, Sr.
15. MOTHER'S MAIDEN NAME First / Middle / Last	Anna Barbara Brown
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	NO
16b. SOCIAL SECURITY NO.	212-10-7556
17. INFORMANT Address	Sister: Mrs. Thos, A. Lucy, Baton Rouge, La.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO, OR AS A CONSEQUENCE OF
(b) disease
DUE TO, OR AS A CONSEQUENCE OF
(c)

4124 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 3-1-, 1971, to 11-4, 1972, that (I) (we) last saw the deceased alive on 11-4- 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE A H Ghiladi — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☑ STAFF PHYS. ☐ — 22c. DATE SIGNED 11-5-72

22d. PHYSICIAN'S NAME (Type) A H. GHILADI — 22e. ADDRESS 1926 W. Northern PKwy Balto Md 21209

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Cremation	11/8/72	Green Mount Crematory	Baltimore, Md.	

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
STEWART & MOWEN CO.	108 W. North Ave. (1)	NOV 8 1972	Sidney L. Norton

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16972 16973

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: William	Middle: B.	Last: Durr	
2a. DATE OF DEATH	Month: November	Day: 21	Year: 1972	2b. HOUR: 10:35 P.M.
3. SEX	Male			
4. RACE	Caucasian			
5. DATE OF BIRTH	September 26, 1895			
6. AGE (In years last birthday)	77 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Pennsylvania			
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.			
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]				
9. COUNTY OF DEATH	BALTIMORE Md.			
10. CITY OR TOWN OF DEATH	Towson			
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	204 E. Joppa Road			
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	President			
12b. KIND OF BUSINESS OR INDUSTRY	Gen. Supply Co			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland			
13b. COUNTY	Baltimore			
13c. CITY OR TOWN	Towson			
13d. INSIDE CITY LIMITS?	YES [ ] NO [X]			
13e. STREET AND NUMBER	204 E. Joppa Road			
14. FATHER'S NAME	First: William	Middle: Theodore	Last: Durr	
15. MOTHER'S MAIDEN NAME	First: Minnie	Middle: G.	Last: Cole	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	Yes	(If yes give war or dates of service) WWI		
16b. SOCIAL SECURITY NO.	215-10-7762			
17. INFORMANT	Mrs. Marie K. Durr	Address: Same as # 13 E		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrest (VENTRICULAR TACHYCARDIA) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
(b) Coronary Heart Disease — MAY 1970
DUE TO, OR AS A CONSEQUENCE OF
(c) Arteriosclerotic Cardiovascular Dis. — 1970+
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Gout

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner): UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from May, 1970, to Nov. 21, 1972, that (I) (we) last saw the deceased alive on Nov. 21, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Arthur Karfgin M.D.	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/22/72
22d. PHYSICIAN'S NAME (Type)	Arthur K. Karfgin	M.D.	22e. ADDRESS: 1532 Havenwood Road

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	Nov. 24, 1972	Prospect Hill Cemetery	York	Maryland
24. FUNERAL DIRECTOR	Wm. Cook-Brooks Towson, Inc.	ADDRESS: 1050 York Road Towson, Maryland	25a. REC'D BY REGISTRAR DATE: NOV 24 1972	25b. REGISTRAR'S SIGNATURE: Sidney Horton

VR A15 (4)
25m-1/70

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16973 16974

1. DECEASED-NAME (Type or print): First Clarice; Middle E.; Last Edwards
2a. DATE OF DEATH: Month Nov. Day 28, Year 1972
2b. HOUR: 2 A. M
3. SEX: F
4. RACE: W
5. DATE OF BIRTH: 7-22-1881
6. AGE (In years last birthday): 91 YRS. IF UNDER 1 YEAR: MONTHS, DAYS. IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Va. Stoney Point,
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Balto. 12
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Armacost Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): None
12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY
13c. CITY OR TOWN: Balto. 18
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 3405 Oakenshaw Place 21218
14. FATHER'S NAME: First Brice; Middle W.; Last Edwards
15. MOTHER'S MAIDEN NAME: First Mary; Middle; Last Marshall
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 220-44-0872
17. INFORMANT: Miss Ethel E. Edwards Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PROBABLE BRONCHO PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 485X
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
GENERALIZED ARTERIOSCHLEROTIC CARDIOVASCULATURE DISEASE

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospital) attended the deceased from 3/29, 19 72, to 11/30, 19 72, that (I) (we) last saw the deceased alive on 11/30 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Robert W. Lyle M.D. DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED 12/28/72
22d. PHYSICIAN'S NAME (Type) Robert W. Lyle M. D.
22e. ADDRESS 7501 York Road

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-30-72
23c. NAME OF CEMETERY OR CREMATORY Woodlawn
23d. LOCATION (City or Town) (County) (State) Woodlawn, Balto.Co. Md.
24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. ADDRESS 4905 York Road Balto., Md.
25a. REC'D BY REGISTRAR DATE NOV 29 1972
25b. REGISTRAR'S SIGNATURE Sidney J. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16974 — 16976

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	GRACE	Middle E	Last EVANS
2a. DATE OF DEATH Month / Day / Year	11 / 3 / 72		2b. HOUR 12:50 PM
3. SEX	Female		
4. RACE	White		
5. DATE OF BIRTH	7-28-78		
6. AGE (In years last birthday)	94 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	MD.		
7b. CITIZEN OF WHAT COUNTRY?	USA		
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐			
9. COUNTY OF DEATH	BALTIMORE		Md.
10. CITY OR TOWN OF DEATH	Baltimore		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	MANOR CARE Rayton		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	HOMEMAKER		
12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	md.		
13b. COUNTY	BALTO		
13c. CITY OR TOWN	Balto		
13d. INSIDE CITY LIMITS? YES ☐ NO ☒			
13e. STREET AND NUMBER	223 Rogers Forge Rd		
14. FATHER'S NAME First / Middle / Last	ERIAH F. CAUSEY		
15. MOTHER'S MAIDEN NAME First / Middle / Last	—	ANGELINA RAWLINGS	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	no	(If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	218-40-0688		
17. INFORMANT Address	MARGARET EVANS	223 RODGERS FORGE RD	377-6429

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years
4379
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, natify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** thot (I) (~~this hospital~~) attended the deceased from 11. 11, 1971, to 11. 3, 1972, thot (I) (~~we~~) last saw the deceased alive on ____ 19____, and that in (my) (~~our~~) opinion death occurred an the date and haur ond fram the couses stated abave, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE	J.R Norris MD DEGREE	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 11.4.72.
22d. PHYSICIAN'S NAME (Type)	J. R. NORRIS	22e. ADDRESS	2045 YORK ROAD, TIMONIUM, MD 21093

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	11/6/72	DRUID RIDGE CEMETERY	PIKESVILLE, MD.	
24. FUNERAL DIRECTOR ADDRESS	MITCHELL-WIEDEFELD HOME 6500 YORK RD	25a. REC'D BY REGISTRAR DATE	NOV 8 1972	25b. REGISTRAR'S SIGNATURE Audrey H Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16975 — 16977

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First: THOMAS	Middle:	Last: EVANS	2a. DATE OF DEATH Month: NOVEMBER Day: 28 Year: 1972	2b. HOUR: 11:50PM
3. SEX: Male	4. RACE: Colored	5. DATE OF BIRTH: 8/31/15	6. AGE (In years last birthday): 57 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): South Carolina	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Fort Howard	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Veterans Administration Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Food Worker	12b. KIND OF BUSINESS OR INDUSTRY: C.S.	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☐ NO XX	13e. STREET AND NUMBER: 2506 Hollins Street
14. FATHER'S NAME First: Irving	Middle:	Last: Evans	15. MOTHER'S MAIDEN NAME First: Carrie	Middle:	Last: Brodton
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 249 14 6552	17. INFORMANT: Clin.Rec. VAH, Fort Howard, Maryland Address		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): BRONCHOPNEUMONIA

DUE TO, OR AS A CONSEQUENCE OF

(b): AMYOTROPIC LATERAL SCLEROSIS

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

3480

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: DAYS / YEARS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO XX	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that ~~I~~ (this hospital) attended the deceased from FEB 2, 19 72, to NOV 28, 19 72, that ~~I~~ (we) last saw the deceased alive on NOV 28, 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, ~~I~~ (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: Peter V. Juvan	DEGREE: ATTENDING PHYS. XX MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11/30/72	
22d. PHYSICIAN'S NAME (Type): PETER V. JUVAN, M.D.	22e. ADDRESS: VAH, FORT HOWARD, MARYLAND		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 12-4-72	23c. NAME OF CEMETERY OR CREMATORY: Mt. Alburn Cemetery	23d. LOCATION (City or Town): BALTIMORE (County): (State): MD	
24. FUNERAL DIRECTOR: Chas. A. Rice	ADDRESS: 661 W. Barre Balto. Md.	25a. REC'D BY REGISTRAR DATE: DEC 4 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16976 — 16978

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71-30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	Charles J. Fahmueller
2a. DATE OF DEATH Month / Day / Year	11-20-72
2b. HOUR	11:25 PM
3. SEX	male
4. RACE	white
5. DATE OF BIRTH	1-6-97
6. AGE (In years last birthday) / IF UNDER 1 YEAR MONTHS / DAYS / IF UNDER 24 HRS. HOURS / MIN.	75 YRS.
7a. BIRTHPLACE (State or foreign country)	Md.
7b. CITIZEN OF WHAT COUNTRY?	U.S.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Catonsville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	SPRING GROVE STATE HOSPITAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	paper hanger
12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	
13c. CITY OR TOWN	balto.
13d. INSIDE CITY LIMITS? YES ☐ NO ☐	
13e. STREET AND NUMBER	402 S. Smallwood St. 21223
14. FATHER'S NAME First / Middle / Last	Conrad
15. MOTHER'S MAIDEN NAME First / Middle / Last	Kundieunda
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes give war or dates of service)	Yes / 1917
16b. SOCIAL SECURITY NO.	215-07-7998A
17. INFORMANT Address	RECORDS: SPRING GROVE STATE HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Acute~~ PULMONARY EDEMA
DUE TO, OR AS A CONSEQUENCE OF
(b) ACUTE MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF
(c) CORONARY THROMBOSIS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20a. AUTOPSY? YES ☒ NO ☐	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that ☒ (this hospital) attended the deceased from 9-14, 1971, to 11-20, 1972, that ☒ (we) last saw the deceased alive on 11-20 1972, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE [signature] M.D. DEGREE — ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒ — 22c. DATE SIGNED 11-21-72

22d. PHYSICIAN'S NAME (Type) Felix C. Miclat, M.D. — 22e. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville, Maryland 21228

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	11/24/72	St Paul's Lutheran Cem.	Violetville,	Md.

24. FUNERAL DIRECTOR — ADDRESS 21223 — 25a. REC'D BY REGISTRAR DATE NOV 22 1972 — 25b. REGISTRAR'S SIGNATURE Sidney M Nortons

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16977 — 16979

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-18-(VR A15 (4)) 71 30M

1. DECEASED-NAME (Type or print)	First: Charlotte	Middle: B.	Last: Fankhanel
2a. DATE OF DEATH	Month: 11	Day: 2	Year: 72
2b. HOUR	2:45 P M		
3. SEX	Female		
4. RACE	White		
5. DATE OF BIRTH	3-13-04		
6. AGE (In years last birthday)	68 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country)	New York		
7b. CITIZEN OF WHAT COUNTRY?	USA		
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐			
9. COUNTY OF DEATH	Baltimore Md.		
10. CITY OR TOWN OF DEATH	Towson		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	St. Joseph		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife		
12b. KIND OF BUSINESS OR INDUSTRY	Own Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland		
13b. COUNTY			
13c. CITY OR TOWN	Baltimore		
13d. INSIDE CITY LIMITS? YES ☒ NO ☐			
13e. STREET AND NUMBER	3906 Kimble Rd.= 21218		
14. FATHER'S NAME	First	Middle	Last: Kacer
15. MOTHER'S MAIDEN NAME	First	Middle	Last: ?
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No	(If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	069-22-9193		
17. INFORMANT	Mr. Albert W. Fankhanel	Address: Same	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebromalacia of midbrain.

DUE TO, OR AS A CONSEQUENCE OF

(b) Cerebellar and uncal herniation.

DUE TO, OR AS A CONSEQUENCE OF

(c) Intracerebral hemorrhage, right tempora-occipital lobe.

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4319

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** thot (I) (this haspital) attended the deceosed from 10-31, 19 72, to 11-2, 19 72, that (I) (we) last sow the deceosed olive on 11-2 19 72, and that in (my) (aur) opinion death occurred an the date ond hour ond from the couses stated above, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE	Florecita P. Paloma md.	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11-3-72
22d. PHYSICIAN'S NAME (Type)	Florecita P. Paloma, M.D.	22e. ADDRESS	7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-6-72	Loudon Park Cemetery	Baltimore,	Md.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Henry W. Jenkins Sons Baltimore, Md.	4905 York Rd. 21212	NOV 3 1972	Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16978 — 16980

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
ARTHUR	NORMAN	FEELEMYER	11	22	72	12:30 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
MALE	WHITE	MAY 28, 1911	61 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
MARYLAND	USA		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE	—	ENGINEER	TELEPHONE

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER
MARYLAND 1 DEBONAIR COURT	BALTIMORE			1 DEBONAIR COURT

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
CLAUDE	E.	FEELEMYER	CARRIE		GREEN

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	212-03-6340	CAROLYN FEELEMYER	1 DEBONAIR COURT

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARCINOMATOSIS	1 YR
DUE TO, OR AS A CONSEQUENCE OF (b)	CARCINOMA OF PROSTATE	?
DUE TO, OR AS A CONSEQUENCE OF (c)		

185X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
MAY 26 1971	ENLARGEMENT OF PROSTATE	YES ☐ NO ☑	

21a. ACCIDENT WAS (If either, notify medical examiner) DR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from MAY, 1947, to NOV 22, 1972, that (I) (~~we~~) last saw the deceased alive on NOV 21 1972, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stoted above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Frederick J. Vollmer MD		☑	☐	☐	Nov. 22, 1972

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
FREDERICK J. VOLLMER	6100 YORK RD., BALTIMORE MD 21212

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11.22.72	U of M ANATOMY BOARD	BALT. MD.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
RAYMOND J. CURRAN	817 SCARLETT PL. TOWSON, MD 21204	DATE NOV 30 1972	Sidney M. Norton

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16979

16981

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 BOM (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: LEWIS	Middle: W	Last: FEUCHTENBERGER	2a. DATE OF DEATH Month: 11	Day: 4	Year: 72
2b. HOUR	8:55 A M					
3. SEX	Male	4. RACE	White	5. DATE OF BIRTH	1 25 1911	6. AGE (In years last birthday) 61 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.					
7a. BIRTHPLACE (State or foreign country)	Virginia	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Baltimore County Gen. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	carpenter	12b. KIND OF BUSINESS OR INDUSTRY: construction
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland	13b. COUNTY	Balto	13c. CITY OR TOWN	Baltimore	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER	5300 ½ Fourth Street					
14. FATHER'S NAME First	John	Middle		Last	Feuchtenberger	
15. MOTHER'S MAIDEN NAME First	Bernice	Middle		Last	Edinger	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	no	(If yes give war or dates of service)		16b. SOCIAL SECURITY NO.	216 09 8125	
17. INFORMANT	Hilda Feuchtenberger	Address	5300 4th St. Baltimore, Md. 21225			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute Cardiac arrest	
DUE TO, OR AS A CONSEQUENCE OF (b)	acute myocardial infarct	Immediate
DUE TO, OR AS A CONSEQUENCE OF (c)	H. A S C V D	10 yrs

4109 Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—		—

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While [ ] at work Not while [ ] at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospital) attended the deceased from 8/3, 19 58, to 11/4, 19 72, that (I) (we) last saw the deceased alive on 8/3 19 72, and that in (my) (our) opinian death occurred an the date and haur and fram the causes stated abave. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: M. J. Ellis, DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 11/4/72
22d. PHYSICIAN'S NAME (Type): M. J. Ellis
22e. ADDRESS: Randallstown Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)	
burial	11/8/72	Western Cem.	Baltimore, Maryland	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
SLACK Funeral Home	Ellicott City, Md. 21043	NOV 10 1972	Richard L. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16980 — 16982

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 must be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-10 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First: Ludwig; Middle: ; Last: Fischer
2a. DATE OF DEATH: Month: 11; Day: 3; Year: 72
2b. HOUR: 1:30 AM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: Dec. 16, 1906
6. AGE (In years last birthday): 65 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Germany
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Fullerton
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 10 Virginia Avenue
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Barber
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY:
13c. CITY OR TOWN: Baltimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 602 Washington Blvd.
14. FATHER'S NAME First: Benno; Middle: ; Last: Fischer
15. MOTHER'S MAIDEN NAME First: Margaret; Middle: ; Last: Weckel
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service):
16b. SOCIAL SECURITY NO.: 213-01-9861
17. INFORMANT: Mr. Frederick Fischer 10 Virginia Ave. Balto. Address: 21236

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mos.
DUE TO, OR AS A CONSEQUENCE OF (b): Metastatic Ca. neck & oropharynx — 3½ mos.
DUE TO, OR AS A CONSEQUENCE OF (c): Sq. Ca. base of tongue — 3 yrs. 6 mos.
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 1410
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH ☐ OR CONTRIBUTING ☐
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospitol) attended the deceased from 5/2, 19 69, to 11/2, 19 72, that (I) (we) last saw the deceased alive on 10/25, 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert G. Chambers M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11/4/72
22d. PHYSICIAN'S NAME (Type): Robert G. Chambers
22e. ADDRESS: 836 Park Ave. Balto. 21201

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/6/72
23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
23d. LOCATION (City or Town) (County) (State): Baltimore Md.
24. FUNERAL DIRECTOR: Lassahn Funeral Home 7401 Belair Rd. Balto. ADDRESS: 21236
25a. RECD BY REGISTRAR DATE: NOV 8 1972
25b. REGISTRAR'S SIGNATURE: Evelyn Morton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16981 16983

1. DECEASED-NAME (Type or print): First Jerrold; Middle XX; Last ~~Fisher~~ FISHER
2a. DATE OF DEATH: Month 11; Day 19; Year 72
2b. HOUR: 3:54 PM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 11-24-37
6. AGE (In years last birthday): 35 YRS. IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): BALTIMORE Maryland
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Baltimore County Md.
10. CITY OR TOWN OF DEATH: RANDALLSTOWN ~~Baltimore~~
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): B.C.G.H.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): ~~Retired~~ DRIVER
12b. KIND OF BUSINESS OR INDUSTRY: MILK MAN
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: BALTIMORE
13c. CITY OR TOWN:
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 7305 Rockridge Rd.
14. FATHER'S NAME First: X LOUIS; Middle: ; Last: FISHER
15. MOTHER'S MAIDEN NAME First: Goldie; Middle: ; Last: ?
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): YES
16b. SOCIAL SECURITY NO.: 219-32-4643
17. INFORMANT Address: MRS. MADELYN FISHER, 7305 ROCKRIDGE RD. #21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIO-RESPIRATORI ARREST
2500
DUE TO, OR AS A CONSEQUENCE OF
(b) DIABETES - SEVERE ACIDOSIS
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medicol exominer)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospital) attended the deceased from 11/19/1972, to 11/19/1972, that (I) (we) last saw the deceased alive an 11/19/1972, and that in (my) (our) opinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE José Portuondo DEGREE ATTENDING PHYS. [ ] MED. DIRECTOR [X] STAFF PHYS. [ ]
22c. DATE SIGNED 11/19/72.
22d. PHYSICIAN'S NAME (Type) JOSE PORTUONDO
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11/22/72
23c. NAME OF CEMETERY OR CREMATORY MOSES MONTIFIORE
23d. LOCATION (City or Town) (County) (State) BALTIMORE, MARYLAND
24. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
25a. REC'D BY REGISTRAR DATE NOV 27 1972
25b. REGISTRAR'S SIGNATURE Sidney P. Watters

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71-30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16982 — 16984

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First: EARL	Middle: A.	Last: FLACK	2a. DATE OF DEATH Month: 11 Day: 13 Year: 72 — 2b. HOUR: 11:00
3. SEX: M.	4. RACE: W.	5. DATE OF BIRTH: 9/11/09	6. AGE (In years last birthday): 63 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): W. VA.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: ROSSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): FRANKLIN SQ	12a. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.): UNK	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO.	13c. CITY OR TOWN: ESSEX	13d. INSIDE CITY LIMITS? YES [ ] NO [X] — 13e. STREET AND NUMBER: 1 ALLOT CIRCLE
14. FATHER'S NAME First: JOSEPH	Middle: J.	Last: FLACK	15. MOTHER'S MAIDEN NAME First: CLARA	Middle: E.	Last: TOOTHMAN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: IDA FLACK	Address: ABOVE

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION

493X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): CHRONIC OBSTRUCTIVE PULMONARY DISEASE

DUE TO, OR AS A CONSEQUENCE OF (c): BRONCHO ASTHMA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CATARACT, RIGHT EYE

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 11 - 4 -, 19 72, to 11 - 13 -, 19 72, that (I) (we) last saw the deceased alive on 11 - 13 - 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Anil Fatterpacker	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11 - 13 - 72	
22d. PHYSICIAN'S NAME (Type): ANIL FATTERPACKER, M.D.	22e. ADDRESS: 9000 FRANKLIN SQUARE DRIVE		
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/16/72	23c. NAME OF CEMETERY OR CREMATORY: HOLLY HILL	23d. LOCATION (City or Town) (County) (State): BALTO. MD.
24. FUNERAL DIRECTOR: Connelly Funeral Home	ADDRESS: 300 Mace Ave	25a. REC'D BY REGISTRAR DATE: NOV 16 1972	25b. REGISTRAR'S SIGNATURE: Audrey M. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16983 16985

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH	Month	Day / Year	2b. HOUR
	HELEN	A.	FLEURY		11	09 / 72	6:10 P M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
FEMALE	WHITE	08/01/08	64 YRS.			
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH			
MARYLAND	UNITED STATES		BALTIMORE Md.			
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY			
TOWSON	ST. JOSEPH	Housewife	Own Home			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER		
MARYLAND	BALTIMORE	Lutherville	XX	8211 Tally Ho Rd. 21093		
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last	
Charles	T.	Baker	Hanna	E.	Wagner	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address			
No	212-07-0574	Charles J. Fleury	Same as #13			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary embolism. Infarction and atelectasis.

DUE TO, OR AS A CONSEQUENCE OF

(b) Myocardial infarction.

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF

(c) Cerebral infarction.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [X] NO [ ]	

21a. ACCIDENT WAS OR CONTRIBUTING [ ] (If either, notify medicol examiner) UNDERLYING CAUSE OF DEATH [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify thot [X] (this hospitol) attended the deceased from 11/03, 1972, to 11/09, 1972, thot [X] (we) last saw the deceased olive on 11/09 1972, and thot in [XX] (our) opinion death occurred on the date and haur and from the couses stated above, [X] (we) (did) (~~did not~~) view the body ofter deoth.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Florecita P. Palomo md	ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	11-10-72
22d. PHYSICIAN'S NAME (Type) Florecita P. Palomo, M.D.	22e. ADDRESS 7620 York Rd. Towson, Md. 21204	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-13-72	Loudon Park Cemetery	Baltimore, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson, Inc. Towson, Md.	NOV 13 1972	Sidney H. Norton

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16984 — 16986

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: KATHERINE	Middle:	Last: FLOAM	2a. DATE OF DEATH Month: Nov.	Day: 29	Year: 72	2b. HOUR: 7:18 A.M.
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: JULY 4, 1894	6. AGE (In years last birthday): 78 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): RUSSIA	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.				
10. CITY OR TOWN OF DEATH: RANDALLSTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BALTO. COUNTY GEN. HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY: AT HOME				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: 7	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 4211 FORDS LANE #21215			
14. FATHER'S NAME First: SAMUEL	Middle:	Last: FEINMAN	15. MOTHER'S MAIDEN NAME First: YETTA	Middle:	Last: ?		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-74-5158	17. INFORMANT: MRS. SYLVIA FELDMAN	Address: 3107 HATTON RD. #21208				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia, terminal	1 week
DUE TO, OR AS A CONSEQUENCE OF (b)	Cerebral Thrombosis	3 weeks
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotic Heart Disease	2 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): none

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from July 10, 1972, to Nov 29, 1972, that (I) (~~we~~) last saw the deceased alive on Nov 29 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Manuel Levin	M.D. DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11/29/72	
22d. PHYSICIAN'S NAME (Type): MANUEL LEVIN	22e. ADDRESS: 6101 PARK HEIGHTS AVENUE			

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/30/72	23c. NAME OF CEMETERY OR CREMATORY: AGUDAS ACHIM ANSHE SFARD	23d. LOCATION (City or Town) (County) (State): ROSEDALE, MARYLAND	
24. FUNERAL DIRECTOR: SOL LEVINSON & BROS.	ADDRESS: 6010 REISTERSTOWN ROAD	25a. RECD BY REGISTRAR DATE: DEC 4 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16985 — 16987

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Helen	Middle:	Last: Ford	2a. DATE OF DEATH: Month NOV. Day 25, Year 1972 — 2b. HOUR: 12 15 A.M.
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 4/13/1889	6. AGE (In years last birthday): 83 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Parkville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 6665 Wycomb Way	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Balto	13c. CITY OR TOWN: Parkville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 6665 Wycomb Way
14. FATHER'S NAME First: Joseph Hopps, Sr.	Middle:	Last:	15. MOTHER'S MAIDEN NAME First: unknown	Middle: Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Mr. William J. Hopps,	Address: 502 Dunkirk Road 21212

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CEREBRAL VASCULAR ACCIDENT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 Days

4369

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from Aug 1, 1970, to Nov 25, 1972, that (I) (~~we~~) last saw the deceased alive on Nov 24 1972, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: [signature] M.D. — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ] — 22c. DATE SIGNED: 11-25-72

22d. PHYSICIAN'S NAME (Type): Dr. Venable — 22e. ADDRESS: 7215 York Road

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 11/28/72	23c. NAME OF CEMETERY OR CREMATORY: Western Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Witzke,	ADDRESS: 1630 Edmondson Avenue 21228	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH - 163/72 25M (VR A15 (4))

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16986 16988

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed, within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: JAMES	Middle: S	Last: FRAME	2a. DATE KNOWN OF DEATH ESTIMATED ☑	Month: 11	Day: 21	Year: 1972
2b. HOUR: 3:05 A M						
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 7 - 5 - 1914	6. AGE (In years last birthday) YRS.: 58	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
2c. DATE PRONOUNCED DEAD: Month 11 Day 21 Year 1972	2d. HOUR: 7 A M					
7a. BIRTHPLACE (State or foreign country): Virginia	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Baltimore Highlands	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 4330 Annapolis Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Plumber	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Baltimore Highlands	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 4330 Annapolis Rd. 21227		
14. FATHER'S NAME First: James Middle: W. Last: Frame	15. MOTHER'S MAIDEN NAME First: Marie Middle: Lauriault Last:					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 220-07-3263	17. INFORMANT ADDRESS: Mrs. Anne T. Frame, 4330 Annapolis Rd. 21227				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atherosclerotic CVH Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: sudden
4109
Conditions, if any, which gove rise to immediate couse (a). stating the underlying couse last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John F. Schaefer M.D.
EXAMINER'S NAME (Type): SCHAEFER
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 11-21-72

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-24-1972	23c. NAME OF CEMETERY OR CREMATORY: Maryland Nat. Mem. Park	23d. LOCATION (City or Town) (County) (State): Laurel, Maryland	
24. FUNERAL DIRECTOR ADDRESS: Howard H. Hubbard, 4107 Wilkens Ave, 21229	25a. REC'D BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Sidney M. Horton		

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16987 16989

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 183/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: GEORGE	Middle: WESLEY	Last: FRAZIER	2o. DATE OF DEATH: November (Month) 7, (Day) 1972 (Year)	2b. HOUR: 3:00 a. M
3. SEX: MALE	4. RACE: CAUCASIAN	5. DATE OF BIRTH: 10 20 22	6. AGE (In years last birthday): 50 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7o. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: FORT HOWARD	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): VETERANS ADM. HOSPITAL	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FIREFIGHTER	12b. KIND OF BUSINESS OR INDUSTRY: BALTIMORE CIT		
13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: —	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 1448 BATTERY AVENUE	
14. FATHER'S NAME First: GEORGE	Middle: W.	Last: FRAZIER	15. MOTHER'S MAIDEN NAME First: MADELINE	Middle:	Last: BARRETT
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): WW-2	16b. SOCIAL SECURITY NO.: 217 18 0238	17. INFORMANT Address: CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PNEUMONIA	WEEKS
DUE TO, OR AS A CONSEQUENCE OF (b)	PULMONARY EMPHYSEMA	YEARS
DUE TO, OR AS A CONSEQUENCE OF (c)	SQUAMOUS CARCINOMA OF SKIN	YEARS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 492X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21o. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22o. I **certify** that (I) (this hospital) attended the deceased from Oct. 13, 1972, to Nov. 7, 1972, that (I) (we) last saw the deceased alive on Nov. 7, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: G. Lee	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11/8/72	
22d. PHYSICIAN'S NAME (Type): CHANG G. LEE, M.D.	22e. ADDRESS: VAH, FORT HOWARD, MARYLAND 21052		

23o. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 11/8/72	23c. NAME OF CEMETERY OR CREMATORY: Security Process, Inc	23d. LOCATION (City or Town): Baltimore, Md.	(County) (State)
24. FUNERAL DIRECTOR: MCCULLY FUNERAL HOME	ADDRESS: 130 E. Fort Ave., Balto.	25o. REC'D BY REGISTRAR DATE: NOV 10 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16988 — 16990

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Phillip; Middle: ~~Ernest~~ Russell; Last: Fresh
2a. DATE OF DEATH	Month: 11; Day: 30; Year: ~~72~~
2b. HOUR	9:05 P.M.
3. SEX	male
4. RACE	cau.
5. DATE OF BIRTH	7-21-1892
6. AGE (In years last birthday)	80 YRS.
IF UNDER 1 YEAR	MONTHS: ; DAYS:
IF UNDER 24 HRS.	HOURS: ; MIN.
7a. BIRTHPLACE (State or foreign country)	Maryland
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Parkville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Perring Parkway N.H. 1801 Wentworth Rd.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Clerk
12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	Baltimore
13c. CITY OR TOWN	Towson
13d. INSIDE CITY LIMITS?	YES ☐ NO ☒
13e. STREET AND NUMBER	7104 Bristol Road
14. FATHER'S NAME First Middle Last	Philip C. Fresh
15. MOTHER'S MAIDEN NAME First Middle Last	Ida V. Clousher
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	214-01-5051
17. INFORMANT Address	Mr. Paul C. Fresh 7309 Harford Rd. 21234

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF (b) Arterio Sclerosis
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Gracio V. Patricio DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒ 22c. DATE SIGNED 12/1/72

22d. PHYSICIAN'S NAME (Type) GRACIO V. PATRICIO M.D. 22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	12/4/72	Lorraine Park Cemetery	Baltimore Maryland	
24. FUNERAL DIRECTOR ADDRESS	Leonard J. Ruck Inc. 5305 Harford Rd. 21214	25a. REC'D BY REGISTRAR DATE	DEC 4 1972	25b. REGISTRAR'S SIGNATURE Sidney H. Watson

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

VKE 16989 — 16991

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: JEROME	Middle: J.	Last: FRITSCH	2a. DATE OF DEATH Month: 11 Day: 10 Year: 72	2b. HOUR: 12:50 P.M.	
3. SEX: MALE	4. RACE: CAUC.	5. DATE OF BIRTH: 8-24-07	6. AGE (In years last birthday): 65 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE, Md.			
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): G.B.M.C. 6701 N. CHARLES ST.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): RETIRED	12b. KIND OF BUSINESS OR INDUSTRY: Baker Owner			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO.	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 631 N. CHARLES ST. AVE. 21204		
14. FATHER'S NAME First / Middle / Last: ALOYISUS FRITSCH (DEC)		15. MOTHER'S MAIDEN NAME First / Middle / Last: TEWEY				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes give war or dates of service): None	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: G.B.M.C. ADMISSION SLIP				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIOGENIC SHOCK	4 HR.
DUE TO, OR AS A CONSEQUENCE OF (b)	ACUTE MYOCARDIAL INFARCTION	4 HRS.
DUE TO, OR AS A CONSEQUENCE OF (c)		

4109 Conditians, if ony, which gave rise ta immediate cause (a), stoting the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while ot work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street ar R.F.D. Na. / City or Town / County / State	

22a. I **certify** thot (I) (this hospital) ottended the deceased from (10 AM) 11-10-1972, to 11-10-72, that (I) (we) last sow the deceased alive on (12:50 PM) 11-10-72 and that in (my) (our) opinion death occurred on the date and haur and fram the couses stated above, (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE: X G. Galifianakis	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11-10-72	
22d. PHYSICIAN'S NAME (Type): DR. G. GALIFIANAKIS :	22e. ADDRESS: G.B.M.C. 6701 N. CHARLES ST. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment	23b. DATE: Nov. 13, 1972	23c. NAME OF CEMETERY OR CREMATORY: Lorraine Park Mausoleum	23d. LOCATION (City or Town): Woodlawn,	(County): Maryland (State)
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

VKR 16990 — 16992

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	TENNIE / M. / FRYE
2a. DATE OF DEATH Month / Day / Year	11 / 13 / 72
2b. HOUR	8:05 A.M.
3. SEX	FEMALE
4. RACE	CAUC.
5. DATE OF BIRTH	5-14-1898
6. AGE (In years last birthday)	74 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	MARION, VA.
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE, Md.
10. CITY OR TOWN OF DEATH	TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	G.B.M.C. 6701 N. CHARLES ST.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY	AT-Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MD.
13b. COUNTY	BALTO.
13c. CITY OR TOWN	TIMONIUM
13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	21093 13 WASHINGTON ST.
14. FATHER'S NAME First / Middle / Last	JOHN / HOUSHOUR
15. MOTHER'S MAIDEN NAME First / Middle / Last	Edith / HOLBROOK
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	NO
17. INFORMANT Address	G.B.M.C. ADMISSION SLIP

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC ARREST	5 MIN.
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (b)	MYOCARDIAL INFARCTION	10 HOURS.
DUE TO, OR AS A CONSEQUENCE OF (c)	A.S.C.V.D.	

4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

DIABETISS MELLETUS

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	A. Dietz M.D.	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED 11-13-72
22d. PHYSICIAN'S NAME (Type)	DR. A. DIETZ	22e. ADDRESS	G.B.M.C. 6701 N. CHARLES ST.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
BURIAL	11/16/72	Garden of Faith	BALTO		Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Chas. F. Evans & Son	8801 Harford Rd	NOV 15 1972	Sidney H. Norton

DHMH-16 (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16991 16993

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 4 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: ALLEN	Middle: L.	Last: GARY, Sr.	2a. DATE OF DEATH: Month 11 Day 20 Year 72	2b. HOUR: 6:45 P M
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: 11/03/02	6. AGE (In years last birthday): 70 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Baltimore City	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore County Md.		
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Greater Balto. Med. Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Electrician	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Ridgley	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 1717 White Oak Ave.	
14. FATHER'S NAME First: J.	Middle: Herbert	Last: Gary	15. MOTHER'S MAIDEN NAME First: Eliza	Middle: M.	Last: Mayer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-03-3435	17. INFORMANT Address: Mrs. Mary G. Gary, Ridgley, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

4109

IMMEDIATE CAUSE (a): Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b): Thrombosis of coronary artery

DUE TO, OR AS A CONSEQUENCE OF

(c): Severe atherosclerosis

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from 10/23, 1972, to 11/20, 1972, that (I) (we) last saw the deceased alive on 11/20 1972, and that in (my) (our) opinian death accurred an the date and haur and ~~from~~ the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Mario Roman M.D. DEGREE — ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]		22c. DATE SIGNED: 11/21/72
22d. PHYSICIAN'S NAME (Type): Mario Roman, M.D.	22e. ADDRESS: 6701n.Charles St. Towson, Md. 21204	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/22/72	23c. NAME OF CEMETERY OR CREMATORY: Evergreen Mem.Gardens	23d. LOCATION (City or Town) (County) (State): Finksburg Carroll Md.	
24. FUNERAL DIRECTOR ADDRESS: Eline Funeral Home, Hampstead, Md.		25a. REC'D BY REGISTRAR DATE: NOV 24 1972	25b. REGISTRAR'S SIGNATURE: Sidney Norton	

DHMH-16 1/71 30M
(VR A15 (4))

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16992

16994

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: JUNIES ~~JUNIOR~~	Middle: JOSEPH	Last: GAUTHREAUX	2a. DATE KNOWN OF DEATH ESTIMATED X: Month 11/15 or 11/16, Day, Year 1972	2b. HOUR M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: MAR. 8 1923	6. AGE (In years last birthday): 49 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN	2c. DATE PRONOUNCED DEAD: Month, Day, Year 19 72 November 16,	2d. HOUR 5:25 A.M.
7a. BIRTHPLACE (State or foreign country): LA.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED X, NEVER MARRIED, WIDOWED, DIVORCED	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: DUNDALK	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): 7424 Manchester Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): MILLWRIGHT	12b. KIND OF BUSINESS OR INDUSTRY: STEEL		
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: DUNDALK	13d. INSIDE CITY LIMITS? YES, NO X	13e. STREET AND NUMBER: 7424 Manchester Road, 21222	
14. FATHER'S NAME: First DESIRE Middle Lost GAUTHREAUX		15. MOTHER'S MAIDEN NAME: First UNK Middle Lost			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 435-24-8592	17. INFORMANT: MARIE GAUTHREAUX	ADDRESS: ABOVE		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic cardiovascular disease
4124
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gove rise to immediote couse (a), stoting the underlying couse lost.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES X NO
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK, NOT WHILE AT WORK	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify thot I took chorge of the remoins described obove, held on Autopsy X Inspection, Inquiry, ond in my opinion deoth resulted from: Noturol couses X; Accident, Suicide, Homicide, Undetermined monner

ACTUAL SIGNATURE: Deputy CHIEF MEDICAL EXAMINER X
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. M.D.
ASSISTANT MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: November 16, 1972

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE 11/20/72	23c. NAME OF CEMETERY OR CREMATORY: GLEN HAVEN	23d. LOCATION (City or Town) (County) (State): BALTO. MD.	
24. FUNERAL DIRECTOR: J.G. CONNELLY	ADDRESS: 300 MACE	25a. REC'D BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Audrey H. Norton	

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16993 16995

1. DECEASED-NAME (Type or print): First ROSARIO Middle JOHN Last GEPPI, JR.
2a. DATE OF DEATH: Month November Day 20 Year 1972
2b. HOUR: 8:05 A M
3. SEX: MALE
4. RACE: CAUCASIAN
5. DATE OF BIRTH: April 16, 1925
6. AGE (In years last birthday): 47 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: FORT HOWARD
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Veterans Admin. Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Truck Driver
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: BALTIMORE
13c. CITY OR TOWN: BALTIMORE
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 3015 Edgewood Ave., 21206
14. FATHER'S NAME First Rosario Middle John Last Geppi
15. MOTHER'S MAIDEN NAME First Rosalie Middle Last Geppi
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): WW II
16b. SOCIAL SECURITY NO.: 217 18 1173
17. INFORMANT Address: Clinical Records, VAH Fort Howard Maryland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): AGNOGENIC MYELOID METAPLASIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 years
209X
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Congestive Heart Failure

MEDICAL CERTIFICATION

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH ☐ OR CONTRIBUTING ☐
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (X) (this hospital) attended the deceased from August 7, 1972, to Nov. 20, 1972, that (I X) (we) last saw the deceased alive on November 20 1972, and that in (XX) (our) opinion death occurred on the date and hour and from the causes stated above, (X) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James W. Ryan MD — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 11/20/72
22d. PHYSICIAN'S NAME (Type): JAMES W. RYAN, M.D.
22e. ADDRESS: VAH FORT HOWARD MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11/24/72
23c. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
23d. LOCATION (City or Town) (County) (State): Baltimore Baltimore Md.
24. FUNERAL DIRECTOR: Joseph Zannino ADDRESS: 257 S. Conkling St. Balt. Md.
25a. REC'D BY REGISTRAR DATE: NOV 22 1972
25b. REGISTRAR'S SIGNATURE: Sidney h Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH - 16 3/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16994 16996

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be mailed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71-30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
ARTHUR	I.	GILBERT	11	30	72	10:02 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
MALE	~~XXX~~ WHITE	~~XX~~6/25/16	56 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ~~XXX~~	9. COUNTY OF DEATH
PHILA., PA.	USA		BALTO. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
BALTO.	GBMC	ADVERTISING	RETAIL

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYALND	BALTIMORE		YES ☑ NO ☐	W. MONUMENT ST. NEW SHERWOOD HOTEL

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JACOB		GILBERT	BLANCHE		WALLIS

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO			MR. BLAINE L. GILBERT, 6503 SANZO ROAD, APT. A #21209

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	HAEMOPTYSIS	
DUE TO, OR AS A CONSEQUENCE OF (b)	BRONCHOGENIC CARCINOMA	
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse last. 1621

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. I certify that (I) (this haspital) attended the deceosed from 11/27, 19 72 to 11/30, 19 72, that (I) (~~xx~~) last saw the deceased alive an 11/30 19 72, and that in (my) (~~our~~) opinian death occurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Ali Omar.		☐	☐	☐	

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
DR. ALI M. OMAR	6701 N. CHARLES ST.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
~~BURIAL~~ CREMATION	12/1/72	GREENMOUNT	BALTIMORE, MARYLAND

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD	DEC 5 1972	Sidney L. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16995 16997

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Freddie	Middle: Allen	Last: GILLIAM	2a. DATE OF DEATH Month 11 Day 11 Year 72	2b. HOUR 10-10 P	
3. SEX: Male	4. RACE: Negro	5. DATE OF BIRTH: 12/28/61	6. AGE (In years last birthday) 10 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Owings Mills	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rosewood State Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): none	12b. KIND OF BUSINESS OR INDUSTRY: ---			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE = Md.	13b. COUNTY == 0	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 770 W. Saratoga St.,		
14. FATHER'S NAME First: Milton	Middle: Russell	Last: GILLIAM	15. MOTHER'S MAIDEN NAME First: Theo	Middle: Brunson	Last: GILLIAM	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: -----	17. INFORMANT Address: Rosewood Records, Owings Mills, Md. 21117				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DIFFUSE HEMORRHAGIC BRONCHOPNEUMONIA, BILATERAL
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
485X
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: DAYS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
INTERNAL HYDROCEPHALUS -

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 2/27, 19 63, to 11/11, 19 72, that (I) (we) last saw the deceased alive on 11/11 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Simon Calle, MD Pathologist DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED: 11/13/72
22d. PHYSICIAN'S NAME (Type): SIMON CALLE	22e. ADDRESS: Balto. County Hospital	

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/15/72	23c. NAME OF CEMETERY OR CREMATORY: MT CALVARY CEM.	23d. LOCATION (City or Town) (County) (State): A.A. COUNTY md	
24. FUNERAL DIRECTOR: Donald E. Glover	ADDRESS: 712 E North Ave	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Audrey H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16996 16998

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
FRANK	M.	GOETZ Sr.	11	12	72	6:50 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
MALE	WHITE	7/19/88	84 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
MARYLAND	UNITED STATES		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TOWSON	SAINT JOSEPH	Store Prop.	Self

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
MARYLAND		BALTIMORE		5822 Falkirk Rd.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Wm. F. Goetz			Minnie Martini		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
no	------	212-01-0061	Mr. Frank M. Goetz, Jr.	8405 Nunnley Dr.-34

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMATOSIS INVOLVING LIVER & BILE
DUE TO, OR AS A CONSEQUENCE OF WITH CHOLANGITIS
Conditians, if any, which gove rise to immediate cause (a), stating the underlying couse lost. (b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** thot ☒ (this hospitol) ottended the deceosed from 11/6, 1972, to 11/12, 1972, thot ☒ (we) lost sow the deceosed alive on 11/12 19 72 and thot in (☒y) (our) opinion deoth occurred on the dote ond hour and from the couses stoted obove. ☒) (we) (did ~~XXXXXX~~ view the body ofter deoth.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
O C Rhee					11/12/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
O. C. RHEE	7620 YORK ROAD, TOWSON, MD. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/15/72	Loudon Park Cem.	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Mitchell-Wiedefeld Home-6500 York Rd.21212	NOV 16 1972	Sidney L. Watson

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16997 16999

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

	First	Middle	Lost
1. DECEASED-NAME (Type or Print)	CLARENCE		GOINGS

2a. DATE KNOWN OF DEATH ESTIMATED ☒ Month Nov. Day 24 Year 72 — 2b. HOUR M

3. SEX M — 4. RACE NEGRO — 5. DATE OF BIRTH 4/1/1889 — 6. AGE (In years last birthday) 83 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.

2c. DATE PRONOUNCED DEAD Month Nov Day 25 Year 72 — 2d. HOUR 5P M

7a. BIRTHPLACE (State or foreign country) VA. — 7b. CITIZEN OF WHAT COUNTRY? U.S.A — 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 9. COUNTY OF DEATH BALTO Md.

10. CITY OR TOWN OF DEATH TOWSON — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 1221 HART RD — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) LABORER — 12b. KIND OF BUSINESS OR INDUSTRY GARAGE

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD. — 13b. COUNTY BALTO. — 13c. CITY OR TOWN TOWSON — 13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER 1221 HART RD

	First	Middle	Lost
14. FATHER'S NAME	MOSES		GOINGS
15. MOTHER'S MAIDEN NAME	ELIZA		BROWN

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO. 216-10-5926 — 17. INFORMANT ROBERT LEE — ADDRESS 325 LENNOX AVE TOWSON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b) _____

DUE TO, OR AS A CONSEQUENCE OF

(c) _____

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that I taak charge af the remains described abave, held an Autapsy ☐, Inspectian ☒, Inquiry ☒, and in my apinian death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE William Pursley M.D.

EXAMINER'S NAME (Type) WILLIAM A. PURSLEY

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11-25-72

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 11/29/72 — 23c. NAME OF CEMETERY OR CREMATORY Pleasant Rest — 23d. LOCATION (City or Town) (County) (State) Towson, Balto. co. Md

24. FUNERAL DIRECTOR — ADDRESS Chatman Funeral Home - 1701 Mc Culloh St. Balto Md

25a. RECD BY REGISTRAR DATE NOV 28 1972 — 25b. REGISTRAR'S SIGNATURE Sidney H. Norton

1

FOR STATE HEALTH DEPT.

Items 18-22a Film 457 2/20/73 mc

16998

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17000

1. DECEASED-NAME (Type or Print)	First	Middle	Last	2a. DATE KNOWN OF DEATH / ESTIMATED	Month	Day	Year	2b. HOUR
	GARNET	ELEANOR	GRABOWSKI	ESTI- MATED [X]	Nov	28,	19 72	— M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN.	2c. DATE PRONOUNCED DEAD: Month	Day	Year	2d. HOUR
Female	White	3-11-21	51 YRS.					November	28,	19 72	9:15 A. M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
Michigan	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	1017 Timber Trail Road	Secretary	Public Broadc.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Balt.	Towson	YES [ ] NO [X]	1017 Timber Trail Road

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
August	England		Agnes		Peterson

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		383-05-6005	Lawrence F. Grabowski	Same as #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

9503

IMMEDIATE CAUSE (a) Oxycodone (percodan) intoxication

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
	? 11-28 19 72	Apparently ingested Oxycodone

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Home	1017 Timber Trail	Balto.		Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [ ], Suicide [X], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Marvin S. Platt, M.D. M.D.

Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED November 28, 1972

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Removal	12-2-72	U. of M. Antomy Board	Baltimore, Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson, Inc.	Towson, Md.	DEC 1 1972	Sidney J. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Leave Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/70 10M
(VR A15ME 6)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

16999 — 17001

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First: Agnes; Middle: Evelyn; Lost: Graham
2a. DATE OF DEATH: Month: 11; Day: 17; Year: 72
2b. HOUR: 6:00 A M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 3-13-1894
6. AGE (In years last birthday): 78 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): New York
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): St. Joseph
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker
12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore
13c. CITY OR TOWN: Balto. 21212
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 6311 Pinehurst Rd. 21212
14. FATHER'S NAME First: James Middle: H. Lost: Gillen
15. MOTHER'S MAIDEN NAME First: Hannah Middle: Lost: McConoghy
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.:
17. INFORMANT: James P. Graham, Jr. Address: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic carcinoma of the right lung.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(b): Cerebrovascular accident.
DUE TO, OR AS A CONSEQUENCE OF
(c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I (this hospital) attended the deceased from 10-31, 1972, to 11-17-, 1972, that I (we) last saw the deceased alive on 11-17 1972, and that in my (our) opinion death occurred on the date and hour and from the causes stated above, I (we) (did) (did not) view the body after death.

22b. SIGNATURE: Sin Sethavorachit DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: 11-17-72
22d. PHYSICIAN'S NAME (Type): Sin Sethavorachit, M.D.
22e. ADDRESS: 7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/20/72
23c. NAME OF CEMETERY OR CREMATORY: New Cathedral
23d. LOCATION (City or Town) (County) (State): Baltimore Md.
24. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212
25a. REC'D BY REGISTRAR DATE: NOV 21 1972
25b. REGISTRAR'S SIGNATURE: Lindwyth Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17000 — 17002

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours of death.

DHMH - 16 3/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	Sarah A. Grahahan
2a. DATE OF DEATH Month / Day / Year	11 / 29 / 72
2b. HOUR	8:30 P M
3. SEX	Female
4. RACE	White
5. DATE OF BIRTH	6/11/88
6. AGE (In years last birthday)	84 YRS. (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.)
7a. BIRTHPLACE (State or foreign country)	Irland
7b. CITIZEN OF WHAT COUNTRY?	U S A
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Balto. Co. Md.
10. CITY OR TOWN OF DEATH	Woodlawn
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	2118 Northland Rd. 21207
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife
12b. KIND OF BUSINESS OR INDUSTRY	Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	Balto.
13c. CITY OR TOWN	Woodlawn
13d. INSIDE CITY LIMITS?	YES ☐ NO ☒
13e. STREET AND NUMBER	2118 Northland Rd. 21207
14. FATHER'S NAME First / Middle / Last	Michael Murray
15. MOTHER'S MAIDEN NAME First / Middle / Last	Margaret Walsh
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	no
16b. SOCIAL SECURITY NO.	220 54 7722
17. INFORMANT Address	Mrs. Peggy Ryan 2118 Northland Rd.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF (b) generalized Arteriosclerotic cardiovascular disease — 10 years
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** thot (I) ~~(this hospital)~~ attended the deceased from _____, 19 55, to November, 19 72, thot (I) ~~(we)~~ last saw the deceased alive an Nov. 25, 1972, and thot in (my) ~~(our)~~ opinian death occurred on the dote and hour and from the causes stated abave, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE DEGREE	Millard T. Traband Jr. M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED	Dec. 1, 1972
22d. PHYSICIAN'S NAME (Type)	Millard T. Traband, Jr. M. D.
22e. ADDRESS	1811 N. Rolling Rd. Woodlawn, Md. 21207

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	12/2/72	Holy Cross Cem.	Brooklyn, NY.	New York
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
John T. Stansbury	6411 Windsor Mill Rd	DEC 4 1972	Sidney H. Watson	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17001 — 17003

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First: Irene	Middle: Clara	Last: Green	2a. DATE OF DEATH Month: 11 Day: 10 Year: 72 — 2b. HOUR: 5 P M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 08-21-92	6. AGE (In years last birthday): 80 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: ~~Randallstown, Md.~~ Balto. Md.
10. CITY OR TOWN OF DEATH: Balto. Co.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto. Co. General	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Randallstown — 13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 9100 Liberty Rd.
14. FATHER'S NAME First: John	Middle:	Last: Young	15. MOTHER'S MAIDEN NAME First: Annie — Middle: — Last: Miller
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Walter E. Green, Jr.	Address: 2204 Dalewood Road

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac arrest.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): C.H.F. PRESBIOCARDIAE

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Portuondo — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11/10/72	
22d. PHYSICIAN'S NAME (Type): PORTUONDO	22e. ADDRESS: Baltimore County General Hospital	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/13/72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Witzke	ADDRESS: 1630 Edmondson Avenue 21228	25a. REC'D BY REGISTRAR DATE: NOV 13 1972	25b. REGISTRAR'S SIGNATURE: Sidney M. Norton	

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FOR STATE HEALTH DEPT.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

17002

17004

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print)	First: THOMAS	Middle: LEE	Last: GROCE	2a. DATE OF DEATH: KNOWN ☑ ESTIMATED ☐	Month: NOV	Day: 25	Year: 19 72	2b. HOUR: M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 4-17-13	6. AGE (In years last birthday): 59 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month NOV Day 25 Year 19 72	2d. HOUR: 9:45 P M
7a. BIRTHPLACE (State or foreign country): Virginia	7b. CITIZEN OF WHAT COUNTRY: USA	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: BALTIMORE				Md.
10. CITY OR TOWN OF DEATH: COCKEYSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 17 HILLSIDE AVE	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Lineman	12b. KIND OF BUSINESS OR INDUSTRY: Electrical				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO.	13c. CITY OR TOWN: COCKEYSVILLE	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 17 HILLSIDE AVE			
14. FATHER'S NAME: First / Middle / Last		15. MOTHER'S MAIDEN NAME: First / Middle / Last					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WWII	16b. SOCIAL SECURITY NO.: 224-12-6699	17. INFORMANT: Jeannetta Groce	ADDRESS: 17 Hillside Ave.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): SUFFOCATION

DUE TO, OR AS A CONSEQUENCE OF

(b): VOMITUS

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year: HOUR A.M. 8:15 P.M. 11/25 19 72	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): SUFFOCATED ON VOMITUS
21d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): HOME	21f. LOCATION Street or R.F.D. No.: 17 HILLSIDE AVE. City or Town: COCKEYSVILLE County: BALTO. State: MD.

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: William Pillsbury M.D.

EXAMINER'S NAME (Type): WILLIAM A. PILLSBURY

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ADDRESS (Street, City, Town, or County):

22b. DATE SIGNED: 11/25/72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/29/72	23c. NAME OF CEMETERY OR CREMATORY: Glen Haven Mem. Park	23d. LOCATION (City or Town) (County) (State): Anne Arundel Co., Md.	
24. FUNERAL DIRECTOR: Wm. E. Johnson	ADDRESS: 8521 Loch Raven Blvd.	25a. REC'D BY REGISTRAR DATE: NOV 29 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

- 1 -

17003

STATE OF MARYLAND Items 18-22a Film 456 1/24/73 mh
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Item#2a, FilmG454 12/1/72 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17005

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in part II, Item 22a. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: LENORE	Middle: XXXXXX	Last: GRUEN	2a. DATE KNOWN OF DEATH ESTIMATED [X]	Month Doy Year: Nov. 15 1972	2b. HOUR: M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 9/10/1935	6. AGE (In years last birthday): 37 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD: November 15, 1972	2d. HOUR: 11:45 P.M
7a. BIRTHPLACE (State or foreign country): NEW YORK, N.Y.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	9. COUNTY OF DEATH: BALTIMORE Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 8416 Charles Valley Court	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): PHYSIOLOGIST	12b. KIND OF BUSINESS OR INDUSTRY: PHYSIOLOGY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: 8416 Charles Valley Court			
14. FATHER'S NAME First: PHILIP	Middle	Last: SACKS	15. MOTHER'S MAIDEN NAME First: HATTIE	Middle	Last: HOROWITZ		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: RIVERSIDE MEMORIAL CHAPEL	ADDRESS: 180 W. 76th STREET, NEW YORK, N.Y. 10023				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

9803

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gove rise to immediote couse (a), stoting the underlying couse lost.

(b) Multiple drugs overdose

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]
21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Year HOUR A.M. unk. P.M 11-11 1972	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.): Ingested drugs
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home	21f. LOCATION Street or R.F.D. No. / City or Town: Towson / County: Balto., / State: Md.

22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [X]

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: November 16, 1972

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL REMOVAL	23b. DATE: 11/17/72	23c. NAME OF CEMETERY OR CREMATORY: MT. HOPE	23d. LOCATION (City or Town) (County) (State): WESTCHESTER, NEW YORK	
24. FUNERAL DIRECTOR: SOL LEVINSON & BROS.,	ADDRESS: 6010 REISTERSTOWN ROAD	25a. REC'D BY REGISTRAR DATE: NOV 20 1972	25b. REGISTRAR'S SIGNATURE: [signature]	

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17004 — 17006

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16-7-71 30M (VR A15 (4))

Page 1

1. DECEASED-NAME (Type or print)	First: SR. MARGUERITE	Middle: MARIE	Last: GUNNING O.C.D.	2a. DATE OF DEATH: NOVEMBER (Month) 3 (Day) 1972 (Year)	2b. HOUR: 1:50 P M
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 11-18-1891	6. AGE (In years last birthday): 80 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Religious Carmelite	12b. KIND OF BUSINESS OR INDUSTRY: Nun		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 1318 Dulaney Valley Rd. 21204	
14. FATHER'S NAME: First James A.	Middle	Last Gunning	15. MOTHER'S MAIDEN NAME: First Margaret	Middle	Last Reilly
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-54-6965	17. INFORMANT: Sr. M. Celine	Address: 1318 Dulaney Valley Road	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

1533 IMMEDIATE CAUSE (a) Respiratory insufficiency

DUE TO, OR AS A CONSEQUENCE OF (b) Pulmonary embolism

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (c) Status post-resection carcinoma of sigmoid

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 10-13, 19 72, to 11-3, 19 72, that (I) (we) last saw the deceased alive on 11-3 19 72, and that in (my) (our) opinian death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Florecita P. Palomo md	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type): FLORECITA P. PALOMO	22e. ADDRESS: 7620 York Rd., Balto., Md. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/7/72	23c. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery	23d. LOCATION (City or Town): Baltimore	(County) (State): Md.
24. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home	ADDRESS: 6500 York Road	25a. REC'D BY REGISTRAR DATE: NOV 13 1972	25b. REGISTRAR'S SIGNATURE: Nancy M. Norton	

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17005

17007

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last
Jeanette	Frances	Gustafson

2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month 11 Day 9 Year 1972 — 2b. HOUR 5:35 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN
Female	White	9-10-17	55 YRS.				

2c. DATE PRONOUNCED DEAD: Month 11 Day 9 Year 1972 — 2d. HOUR 5:35 P.M.

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
Ohio	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Fullerton	298-A Ridge Road	Hairdresser	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER
Maryland	Baltimore	Fullerton		298=A Ridge Road

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Charles		Gustafson	Verna		Jacobs

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	300-12-0996	Henry A. Merchel Box 298A Ridge Road Balto.	21237

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of liver — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5719
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE W P Mulloy M.D.
EXAMINER'S NAME (Type) William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED 11-10-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	11/11/72	Gardens Of Faith Cemetery	Overlea	Balto.	Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Lassahn Funeral Home 7401 Belair Rd. Balto. Md. 21236	NOV 14 1972	Sidney H. Norton

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17006 17008

1. DECEASED-NAME (Type or print): First Ida Middle Kathleen Last Haag
2a. DATE OF DEATH: Month 11 Day 21 Year 72
2b. HOUR 9:30 P M
3. SEX: F
4. RACE: W
5. DATE OF BIRTH: 10/30/1896
6. AGE (In years last birthday): 76 YRS.
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Cockeysville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Maryland Masonic Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Baltimore
13c. CITY OR TOWN: Edgemere
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: Box 22 Chesapeake Ave.
14. FATHER'S NAME First Jane Middle D Last (Woodruff)
15. MOTHER'S MAIDEN NAME First Ida Middle May Last Wescott
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 217-12-6362
17. INFORMANT: Jane Haag (Son) Box 22 Edgemere Md.
RD 10 Address Ph. 477-3142

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
IMMEDIATE CAUSE (a): Syncope
DUE TO, OR AS A CONSEQUENCE OF (b): Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF (c): Heart Insufficiency
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
428X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 11/2/72 19___, to 11/21/72 19___, that (I) (we) last saw the deceased alive on 11/20/72 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Guillermo I. Gonzalez M.D. DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): GUILLERMO I GONZALEZ M.D.
22e. ADDRESS: 10634 York Rd. Cockeysville Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-24-72
23c. NAME OF CEMETERY OR CREMATORY: OAKLAWN Cemetery
23d. LOCATION (City or Town) (County) (State): BALTIMORE, MARYLAND
24. FUNERAL DIRECTOR ADDRESS: Wm. Cook-Brooks Towson Inc. Towson, Md.
25a. REC'D BY REGISTRAR DATE: NOV 28 1972
25b. REGISTRAR'S SIGNATURE: Audrey M Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 '71)

1
FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

17007

17009

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form ( ) PM61 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN ☑ OF ESTI- DEATH MATED ☐ Month Day Year	2b. HOUR
ALLAN	E.	HAGADORN	November 6 1972	5:30 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN.	2c. DATE PRONOUNCED DEAD Month Day Year	2d. HOUR
MALE	CAU.	MARCH 13, 1905	67 YRS.					November 6 1972	5:30 AM

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
NEW YORK	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TOWSON	St. Joseph Hospital	MANAGER	Auto Parts

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER
NEW YORK		Mt. VERNON		166 Beechwood Ave.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
FRANK		HAGADORN	ELSIE		COLBURN

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		075-07-6122	MRS. MARY E. HAGADORN	SAME AS #13 E

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary Occlusion

DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Artery Disease

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if ony, which gave rise to immediote couse (a), stoting the underlying couse lost. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden / 2+ yr

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture af injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that I took charge af the remains described abave, held an Autapsy ☐, Inspectian ☒, Inquiry ☐, and in my apinian death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Charles O'Donnell M.D.

EXAMINER'S NAME (Type) CHARLES F. O'DONNELL

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11/6/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
BURIAL	11-10-1972	Holy Mount Cemetery	East Chester N.Y.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson, Inc.	1050 York Rd Towson Md. 21204	NOV 8 1972	Sidney M. Norton

VR A15ME (5)
10M - 1/69

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17008

17010

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Roy	Middle: F.	Last: Harris	2a. DATE OF DEATH Month: Nov.	Day: 22	Year: 1972	2b. HOUR: M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 19, 1912	6. AGE (In years last birthday): 60 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): North Carolina	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Dundalk	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 7873 St. Bridget Ln.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Locomotive Engineer	12b. KIND OF BUSINESS OR INDUSTRY: - Railroad				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Dundalk	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 7873 St. Bridget Lane			
14. FATHER'S NAME First: Franklin	Middle: P.	Last: Harris	15. MOTHER'S MAIDEN NAME First:	Middle:	Last: O'Kelly		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-01-7652	17. INFORMANT: (Wife) 7873 St. Bridget Lane	Address: Mrs. Myra F. Harris, Dundalk, Md. 21222				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory failure	1 hr
DUE TO, OR AS A CONSEQUENCE OF (b)	Pulmonary emphysema	3 years
DUE TO, OR AS A CONSEQUENCE OF (c)		

492X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 10/11, 19 65, to 11/22, 19 72, that (I) (we) last saw the deceased alive on 10/26 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: William F Fritz	DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]	22c. DATE SIGNED: 11-22-72	
22d. PHYSICIAN'S NAME (Type): William F. Fritz M.D.	22e. ADDRESS: 2 West University Parkway Baltimore, Md. 21218					

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/25/72	23c. NAME OF CEMETERY OR CREMATORY: Holly Hill Memorial Gardens	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR ADDRESS: John J. Duda 7922 Wise Ave. Dundalk, Md. 21222	25a. REC'D BY REGISTRAR DATE: NOV 28 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton		

DHMH - 163/72-25M
(VR A15 (4))

1

FOR STATE HEALTH DEPT.

17009

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17011

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH ☑ ESTIMATED ☐ Month Day Year	2b. HOUR
James	S.	Hart	November 5 1972	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN	2c. DATE PRONOUNCED DEAD Month Day Year	2d. HOUR
Male	White	Jan. 19, 1888	84 YRS.					November 5 1972	M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Balto. Md.	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Rodgers Forge	6908 Bellona Ave	Retired Transfer Bus.	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Balto.	Rodgers Forge	YES ☐ NO ☒	6908 Bellona Ave

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
James Hart	Mary Welsh

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	218-32-0439A	Mrs. Robt. L. Benson 6716 Campfield Road

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary Occlusion

DUE TO, OR AS A CONSEQUENCE OF (b) Complicated Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: (a) Indefinite (b) 5 Yrs (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) Charles F. O'Donnell M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 11/15/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/18/72	Dulaney Valley Memo Gds	Timonium, Md.

24. FUNERAL DIRECTOR ADDRESS: Mitchell - Wiedefeld Home 6500 York Road

25a. REC'D BY REGISTRAR DATE: NOV 20 1972

25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 (1/71) 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17010 17012

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1-71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Olive	Middle: W	Last: Hartge	2a. DATE OF DEATH Month: 11	Day: 5	Year: 72	2b. HOUR: 6 58 P. M
3. SEX: F	4. RACE: White	5. DATE OF BIRTH: 6/8/1897	6. AGE (In years last birthday): 75 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Md	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Balto Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 509 E Joppa Rd	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): House wife	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: 918 Southerly Rd, 21204			
14. FATHER'S NAME First: Charles	Middle: E.	Last: Wehmon	15. MOTHER'S MAIDEN NAME First: Margaret	Middle:	Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Clarence E. Hartge	Address: 918 Southerly Rd				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ASCVD & Diabetes Mellitus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):

4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from _____, 19__, to 11/5, 1972, that (I) (we) last saw the deceased alive on 11/5/ 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Morland E. Day	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: NOV. 6, 1972	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS: 4-E-33rd St Baltimore Md 21218		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/8/72	23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge	23d. LOCATION (City or Town): Pikesville	(County): BALTO	(State): Md.
24. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home	ADDRESS: 6500 York Rd	25a. REC'D BY REGISTRAR DATE: NOV 13 1972	25b. REGISTRAR'S SIGNATURE: Sidney M Watson		

4

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17011

17013

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Lost	ANNA LOUISE HARTUNG			2o. DATE OF DEATH Month Doy Yeor	NOVEMBER 26, 1972
2b. HOUR	M				
3. SEX	FEMALE	4. RACE	WHITE	5. DATE OF BIRTH	AUGUST 5, 1884
6. AGE (In years last birthday)	88 YRS.	IF UNDER 1 YEAR MONTHS / DAYS		IF UNDER 24 HRS. HOURS / MIN.	
7a. BIRTHPLACE (Stote or foreign country)	MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	USA	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	BALTIMORE Md.				
10. CITY OR TOWN OF DEATH	CATONSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	210 HILTON AVE.	12o. USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)	CLERK
12b. KIND OF BUSINESS OR INDUSTRY					
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	MARYLAND	13b. COUNTY	BALTIMORE	13c. CITY OR TOWN	CATONSVILLE
13d. INSIDE CITY LIMITS? YES ☒ NO ☐		13e. STREET AND NUMBER	210 HILTON AVE.		
14. FATHER'S NAME First / Middle / Lost	GEORGE HARTUNG			15. MOTHER'S MAIDEN NAME First / Middle / Lost	HENRIETTA KING
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	NO	(If yes give war or dates of service)		16b. SOCIAL SECURITY NO.	215-07-3382A
17. INFORMANT	DOROTHY BRAND	Address	SAME		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

DUE TO, OR AS A CONSEQUENCE OF

(b)

Conditions, if ony, which gove rise to immediote couse (o), stoting the underlying couse last. 4124

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from July 24, 1968, to Nov. 26, 1972, that (I) (~~we~~) last saw the deceased alive an Nov 25 1972 and that in (my) (~~our~~) apinion death accurred on the date and haur and fram the causes stated abave, (I) (~~we~~) (did) (~~did not~~) view the bady after death.

22b. SIGNATURE	[signature]	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐
22c. DATE SIGNED	11-28-72				
22d. PHYSICIAN'S NAME (Type)	JOHN A. NESBITT, M.D.	22e. ADDRESS	1009 FREDERICK RD. CATONSVILLE, MD		

23o. BURIAL, CREMATION, REMOVAL (Specify)	BURIAL	23b. DATE	11-29-72	23c. NAME OF CEMETERY OR CREMATORY: WESTERN
23d. LOCATION (City or Town) (County) (Stote)	BALTIMORE, MARYLAND			
24. FUNERAL DIRECTOR ADDRESS	EDW. S. MAC NABB SONS, INC. 301 FREDERICK RD. CATONSVILLE, MD.	25o. REC'D BY REGISTRAR DATE	DEC 4 1972	25b. REGISTRAR'S SIGNATURE [signature]

VR A15 (4) 25m-1/70

1

17012

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17014

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Joy	Middle: Lawrence	Last: Hausmann	2a. DATE OF DEATH Month: Nov. Day: 2, Year: 1972	2b. HOUR: 11A M	
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 3-26-1892	6. AGE (In years last birthday): 80 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): New York	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Lutherville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): College Manor Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY: Own Home			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: Balto. 10	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 614 Colorado Ave. 21210		
14. FATHER'S NAME First: William	Middle	Last: Lawrence	15. MOTHER'S MAIDEN NAME First: Carrie	Middle	Last: Stranathan	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 577-84-3047	17. INFORMANT: Miss Cynthia J. Hausman	Address: 2333 Huidekoper Place Washington D.C.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CVA.

DUE TO, OR AS A CONSEQUENCE OF (b): 4369 Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. — gen arterio sclerosis

DUE TO, OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)		
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / Stote

22a. **I certify** thot (I) ~~(this hospital)~~ attended the deceased from Sept 16 19 55, to Nov 2, 19 72, that (I) ~~(we)~~ last sow the deceased olive an Nov 1972, and thot in (my) ~~(our)~~ opinion deoth occurred on the dote ond hour ond from the couses stated obave, (I) ~~(we)~~ ~~(did)~~ (did not) view the body otter deoth.

22b. SIGNATURE: Robert P Williams M.D.	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: Nov 3. 72	
22d. PHYSICIAN'S NAME (Type): Palmer Williams M. D.	22e. ADDRESS: Linson Rd. Owings Mills		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-7-72	23c. NAME OF CEMETERY OR CREMATORY: Dulaney Valley Memorial Gardens	23d. LOCATION (City or Town): Timonium,	(County) / (Stote): Md.
24. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.	ADDRESS: 4905 York Road Balto., Md. 21212	25a. REC'D BY REGISTRAR DATE: NOV 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney L. Watson	

DHMH - 16 3/72 25M (VR A15 (4))

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17013

17015

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: ROBERT	Middle: LaVern	Last: HAWKINS	2a. DATE KNOWN OF DEATH / ESTIMATED	Month: 11	Day: 17	Year: 19 72	2b. HOUR: M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Sept 5, 1942	6. AGE (In years last birthday): 30 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month: November	Day: 17,	Year: 19 72	2d. HOUR: 2:50 P. M
7a. BIRTHPLACE (State or foreign country): Smythe Co., Va.	7b. CITIZEN OF WHAT COUNTRY?: U. S A	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.						
10. CITY OR TOWN OF DEATH: Cockeysville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): York Rd & S. of Warren Rd.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Truck Driver	12b. KIND OF BUSINESS OR INDUSTRY: Block Co.						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Harford	13c. CITY OR TOWN: Edgewood	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: 3001 Pulaski RFD. #2 Highway					
14. FATHER'S NAME: First / Middle / Last: Hansford S. Hawkins	15. MOTHER'S MAIDEN NAME: First / Middle / Last: Susie Jane Saunders								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes give war or dates of service): 1961-1965	16b. SOCIAL SECURITY NO.: 215 40 6433	17. INFORMANT: Mrs. Brenda Hawkins	ADDRESS: 3001 Pulaski Hgwy. Edgewood, Md.						

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Electrocution	
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

9259

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year: HOUR P.M. 1:50 P.M. 11-17 19 72	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.): Touched live wire

21d. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State
	Building (Stillpond Bldg.	York Rd. & Warren Rd. / Baltimore / Md.

22a. **I certify** thot I took chorge of the remains described above, held on Autopsy [X] Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Noturol couses [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Marvin S. Platt M.D.

EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]

ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: November 18, 1972

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Nov. 20, 1972	Wiseburg Cemetery	White Hall, Balto. Co., Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
James J. Hartenstine	New Freedom, Pa.	NOV 27 1972	Sidney H. Norton

DHMH-17 1/71 10M
(VR A15ME (5)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17014

17016

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First: David	Middle: Lee	Last: HEDRICK	2a. DATE OF DEATH Month: 11 Day: 6 Year: 72
2b. HOUR: 9:10 M	3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 8/18/45
6. AGE (In years last birthday): 27 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Owings Mills	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rosewood State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Dependent	12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Allegany	13c. CITY OR TOWN: Cumberland	13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 111 Roberts Street			
14. FATHER'S NAME First: George	Middle	Last: Hickle	15. MOTHER'S MAIDEN NAME First: Audrey	Middle	Last: Hammond
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes give war or dates of service): --	16b. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Rosewood Records, Owings Mills, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Asphyxia due to Aspiration — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1st minute

DUE TO, OR AS A CONSEQUENCE OF (b): Esophageal Stricture 20% obliteration — 4yrs

DUE TO, OR AS A CONSEQUENCE OF (c): Repeated Mallory-Weiss Injuries, Vomiting — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

5309

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Encephalopathy severe, at birth, etiology Unknown

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, natity medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Nat while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 8/15, 19 52, to 11/6, 19 72, that (I) (we) last saw the deceased alive on 11/6 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Richard A. Jones — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒

22c. DATE SIGNED: 11/6/72

22d. PHYSICIAN'S NAME (Type): Richard A. Jones, M.D.

22e. ADDRESS: Rosewood St. Hosp., Owings Mills, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 8, 1972	23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park	23d. LOCATION (City or Town): Cumberland	(County): Allegany (State): Md.

24. FUNERAL DIRECTOR: James F. Scarpelli — ADDRESS: Cumberland, Md.

25a. REC'D BY REGISTRAR DATE: NOV 10 1972

25b. REGISTRAR'S SIGNATURE: Lindsay G. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17015 — 17017

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: HENRY	Middle: AUGUST	Last: HELF JR.	2a. DATE OF DEATH: Month NOVEMBER Day 13 Year 1972 — 2b. HOUR: 8:50 A M
3. SEX: MALE	4. RACE: CAUCASIAN	5. DATE OF BIRTH: 3/19/1920	6. AGE (In years last birthday): 52 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): NEW YORK	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED XX	9. COUNTY OF DEATH: BALTIMORE Md.	
10. CITY OR TOWN OF DEATH: FORT HOWARD	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): VETERANS ADMIN. HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): DRIVER	12b. KIND OF BUSINESS OR INDUSTRY: TRUCKS	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: ~~BALTIMORE~~ Harford	13c. CITY OR TOWN: Joppa	13d. INSIDE CITY LIMITS? YES ☐ NO XX	13e. STREET AND NUMBER: 360 TRIMBLE ROAD, JOPPA MD.
14. FATHER'S NAME: First HENRY Middle AUGUST Last HELF SR.		15. MOTHER'S MAIDEN NAME: First FRIEDA Middle -- Last BECKER		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): WWII	16b. SOCIAL SECURITY NO.: 085 09 0351	17. INFORMANT Address: CLIN. RECDS. VAH, FORT HOWARD, MARYLAND		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CONGESTIVE HEART FAILURE, CLASS III	8 YEARS
DUE TO, OR AS A CONSEQUENCE OF (b)	HYPERTENSIVE CARDIOVASCULAR DISEASE	12 YEARS
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4122

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

HOMOLOGOUS SERUM HEPATITIS

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO X	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I **certify** that X (this hospital) attended the deceased from OCTOBER 3, 19 72, to NOVEMBER 13, 19 72, that X (we) last saw the deceased alive on NOV. 13, 19 72, and that in (my) X (our) opinion death occurred on the date and hour and from the causes stated above, X (we) (did) ~~XXXXX~~ view the body after death.

22b. SIGNATURE (DEGREE): Bernardino A. Alonso, M.D.	ATTENDING PHYS. XX	MED. DIRECTOR ☐	STAFF PHYS. ☐
22c. DATE SIGNED: NOVEMBER 13, 1972			
22d. PHYSICIAN'S NAME (Type): BERNARDINO A. ALONSO, M.D.	22e. ADDRESS: VAH, FORT HOWARD, MARYLAND 21052		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: Nov. 16, 1972	23c. NAME OF CEMETERY OR CREMATORY: St. Michael's Lutheran	23d. LOCATION (City or Town) (County) (State): Perry Hall, Balto. Md.	
24. FUNERAL DIRECTOR: Howard K. MCCOMAS FUNERAL HOME	ADDRESS: ABINGDON MARYLAND	25a. REC'D BY REGISTRAR DATE: NOV 15 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17016 17018

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Clifford	Middle: Stanley	Last: Helt	2a. DATE OF DEATH Month: 11	Day: 24	Year: 72	2b. HOUR: 4:50A M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 1/26/07	6. AGE (In years last birthday): 65 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore, Baltimore Md.				
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto. County General Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Postal clerk	12b. KIND OF BUSINESS OR INDUSTRY: Post Offfi				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 3428 Kimble Road			
14. FATHER'S NAME First: Raymond	Middle: H.	Last: Helt	15. MOTHER'S MAIDEN NAME First: Ella	Middle: A.	Last: Helt (Scherer)		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WWII	16b. SOCIAL SECURITY NO.: 220-30-5452	17. INFORMANT: Mrs. Margaret B. Helt	3428 Kimble Road Baltimore, Maryland	Address: 21207		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Ventricular fibrillation

DUE TO, OR AS A CONSEQUENCE OF (b): Severe Ac. Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 11-24-, 1972, to ———, 19——, that (I) (we) last saw the deceased alive on a week ago 19—, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [ ] 22c. DATE SIGNED: 11-24-72

22d. PHYSICIAN'S NAME (Type): Y. BATSURAS. 22e. ADDRESS: 8811 Liberty Rd.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/27/1972	23c. NAME OF CEMETERY OR CREMATORY: MOUNT OLIVE CEMETERY	23d. LOCATION (City or Town): RANDALLSTOWN	(County): BALTO. (State): MD.
24. FUNERAL DIRECTOR: LORING BYERS FUNERAL DIRECTORS, P. A.	ADDRESS: 8728 Liberty Road 21133	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton	

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17017

17019

1. DECEASED-NAME (Type or print): First ELIZABETH Middle B. Last HERRMANN

2a. DATE OF DEATH: Month 11 Day 16 Year 1972

2b. HOUR: 3:40 PM

3. SEX: FEMALE

4. RACE: WHITE

5. DATE OF BIRTH: 4/29/1886

6. AGE (In years last birthday): 86 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN

7a. BIRTHPLACE (State or foreign country): GERMANY

7b. CITIZEN OF WHAT COUNTRY?: US

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: BALTIMORE Md.

10. CITY OR TOWN OF DEATH: TOWSON, MARYLAND

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Dulaney Towson Nursing & Convalescent Home 111 West Road

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND

13b. COUNTY

13c. CITY OR TOWN: BALTIMORE

13d. INSIDE CITY LIMITS? YES ☒ NO ☒

13e. STREET AND NUMBER: 835 North Montford Avenue

14. FATHER'S NAME First Middle Last: Paul Kraus

15. MOTHER'S MAIDEN NAME First Middle Last: Charlotte Scarfenberg

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 215-52-1742

17. INFORMANT Address: Charlotte Hils (dghtr) 6216 Ridgeview Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute heart attack — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

4124

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic C-V. Disease

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify thot (I) (this hospitol) ottended the deceased from August 14, 1969, to November 16, 1972 thot (I) (we) last saw the deceased alive on November 16, 1972, and thot in (my) (our) opinian deoth occurred on the date ond hour ond from the causes stoted obove. (I) (we) (did) (did not) view the body ofter death.

22b. SIGNATURE: Wm G Helfrich DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 11/16/72

22d. PHYSICIAN'S NAME (Type): Dr. William Helfrich

22e. ADDRESS: 5006 Roland Avenue Baltimore, Md. 21210

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/20/72

23c. NAME OF CEMETERY OR CREMATORY: Lorraine Mausoleum

23d. LOCATION (City or Town) (County) (Stote): Balto. Md.

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

25a. REC'D BY REGISTRAR DATE: NOV 22 1972

25b. REGISTRAR'S SIGNATURE: Sidney M Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 41)

1

17018

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17020

1. DECEASED-NAME (Type or print): First May Middle L. Last Heyser
2a. DATE OF DEATH: Month 11 Day 18 Year 72
2b. HOUR: 9:50 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 8-29-86
6. AGE (In years lost birthday): 86 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Randalstown
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Baltimore County General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired
12b. KIND OF BUSINESS OR INDUSTRY: Homemaker
13a. USUAL RESIDENCE (Where deceased lived) STATE: Md
13b. COUNTY
13c. CITY OR TOWN: Balto.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 500 W. Univ Pkwy
14. FATHER'S NAME First: Wm. Middle: T Last: Lyons
15. MOTHER'S MAIDEN NAME First: Elizabeth Middle: Last: Morgan
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give wor or dotes of service)
16b. SOCIAL SECURITY NO.: 216-46-0577
17. INFORMANT: JI Wm L. Gould Address: Sykesville, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Aspiration Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: FEW days
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 486x

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that ~~I~~ (this hospital) attended the deceased from 11-14, 19 72, to 11-18, 19 72, that ~~I~~ (we) lost saw the deceased alive an 11-18 19 72, and that in (my) ~~(our)~~ opinion death accurred on the dote and haur and from the causes stated above ~~I~~ (we) (did) ~~(did not)~~ view the bady after deoth.

22b. SIGNATURE: Ephraim Barzagh DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 11-18-72
22d. PHYSICIAN'S NAME (Type): Ephraim Barzagh
22e. ADDRESS: Balto. County Gen. Hospital

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-21-72
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge
23d. LOCATION (City or Town) (County) (State): Pikesville Balto. Md.
24. FUNERAL DIRECTOR ADDRESS: H.W. Jenkins & Sons Co., Balto., Md.
25a. REC'D BY REGISTRAR DATE: NOV 21 1972
25b. REGISTRAR'S SIGNATURE: Sidney H Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (7-71) 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17019 — 17021

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 10 3/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	LARNEY / / HIGH
2a. DATE OF DEATH Month Day Year	November 3 1972
2b. HOUR	4:15 a. M
3. SEX	MALE
4. RACE	NEGRO
5. DATE OF BIRTH	MAY 10, 1887
6. AGE (In years last birthday)	85 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	NO. CAROLINA
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	FORT HOWARD
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	VETERANS ADM. HOSPITAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	CLAY MAN
12b. KIND OF BUSINESS OR INDUSTRY	STEEL MILL
13a. USUAL RESIDENCE (Where deceased lived before admission) STATE	MARYLAND
13b. COUNTY	
13c. CITY OR TOWN	BALTIMORE
13d. INSIDE CITY LIMITS? YES [X] NO [ ]	
13e. STREET AND NUMBER	1903 W. LANVALE STREET
14. FATHER'S NAME First / Middle / Last	HANSEL / / HIGH
15. MOTHER'S MAIDEN NAME First / Middle / Last	MINERVA / / CAIN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	YES WW-I
16b. SOCIAL SECURITY NO.	216 09 5691
17. INFORMANT Address	EVA BLACKWELL 1908 W. LANVALE ST.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) KIDNEY FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 WEEKS

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last. 4409

DUE TO, OR AS A CONSEQUENCE OF (b) ARTERIOSCLEROSIS GENERALIZED — 1+ YEARS

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

BRONCHOPNEUMONIA 5 days

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, natity medical examiner) UNDERLYING [ ] DR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Nat while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from Oct. 4, 19 72, to Nov. 3, 19 72, that (I) (we) last saw the deceased alive on Nov. 3, 19 72, and that in (my) (our) apinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE: George L. Weller Jr. M.D. — DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X] — 22c. DATE SIGNED: 11/3/72

22d. PHYSICIANS NAME (Type): GEORGE L. WELLER, Jr. M.D. — 22e. ADDRESS: VAH, FORT HOWARD, MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/7/72	23c. NAME OF CEMETERY OR CREMATORY ARBUTUS MEMORIAL PARK	23d. LOCATION (City or Town) BALTIMORE	(County) Co (State) MD.
24. FUNERAL DIRECTOR	ADDRESS: NUTTER FUNERAL HOME 3035 W. NORTH AVENUE	25a. REC'D BY REGISTRAR DATE NOV 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

1

FOR STATE HEALTH DEPT.

17020

Items 7a, 7b, & 8 Film G453 11/14/72 sy

STATE OF MARYLAND Items 18, 22a Film 453 11/22/72 mh

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17022

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH ESTIMATED	Month	Day	Year	2b. HOUR
Gail	Ellen	Himes	X	11	2	1972	4:10 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS.: HOURS	MIN	2c. DATE PRONOUNCED DEAD: Month	Day	Year	2d. HOUR
Female	White	1-7-50	22 YRS.					11	2	1972	4:10 P.M.

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Maryland	USA	NEVER MARRIED X	Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Parkville	7306 Park Drive	Secty	Nobile News Co.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Baltimore	Parkville	YES / NO	7306 Park Drive

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	F	Himes	Clara	H.	Baker

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		217-54-8047	Family records

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Subarachnoid hemorrhage

DUE TO, OR AS A CONSEQUENCE OF

(b) Hemangioma of cerebellum

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

2250

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES X NO

21a. EXTERNAL CAUSE WAS PRIMARY / OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner

ACTUAL SIGNATURE W P Mulloy M.D.

EXAMINER'S NAME (Type) William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER X

DEPUTY MEDICAL EXAMINER

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 11-3-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/6/72	Moreland Mem. Park	Baltimore Md.

24. FUNERAL DIRECTOR ADDRESS	25a. RECEIVED BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
C.F. EVANS & SON 8802 Harford road	NOV 10 1972	Evelyn Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 (7-71) 10M
(VR A15ME (5))

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17021 — 17023

1. DECEASED-NAME (Type or Print) First: JONATHAN Middle: DAVID Last: HIVELY

2a. DATE KNOWN OF DEATH ☒ ESTIMATED ☐ Month 11 Day 8 Year 1972 — 2b. HOUR 12:30 P.M.

3. SEX: MALE — 4. RACE: White — 5. DATE OF BIRTH: 21 July 1959 — 6. AGE (In years last birthday): 13 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

2c. DATE PRONOUNCED DEAD Month 11 Day 8 Year 1972 — 2d. HOUR 12:50 A.M.

7a. BIRTHPLACE (State or foreign country): Miami Flor — 7b. CITIZEN OF WHAT COUNTRY?: U.S.A. — 8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ — 9. COUNTY OF DEATH: BALTIMORE Md.

10. CITY OR TOWN OF DEATH: Balto Ronalle 21237 — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Glen Klen Sequare — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Student — 12b. KIND OF BUSINESS OR INDUSTRY: Parkville Jr.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md — 13b. COUNTY: BALTO — 13c. CITY OR TOWN: Fullerton — 13d. INSIDE CITY LIMITS? YES ☐ NO ☒ — 13e. STREET AND NUMBER: 7906 Belair Rd 21236

14. FATHER'S NAME First: EARL Middle: L. Last: HIVELY — 15. MOTHER'S MAIDEN NAME First: PATRICIA Middle: L. Last: SPEASMAKER

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO.: 215-68-0634 — 17. INFORMANT ADDRESS: Rev. Earl L. Hively 7906 Belair Rd. Balto. Md. 21236

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Air Embolism
DUE TO, OR AS A CONSEQUENCE OF
(b): Complicating Brain Injury
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 8147

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days ??

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 7:50 10-10 1972 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Ran into car crossing Belair Rd

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Street — 21f. LOCATION Street or R.F.D. No.: 58 Ridgewood Ave Belair Rd City or Town: 21236 County: Balto. State: Md

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John C. Hyle M.D.
EXAMINER'S NAME (Type): John C. Hyle
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county): 7527 Belair Rd 21236
22b. DATE SIGNED: 11-9-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation — 23b. DATE: 11/11/72 — 23c. NAME OF CEMETERY OR CREMATORY: Greenmount Crematory — 23d. LOCATION (City or Town) (County) (State): Baltimore Md.

24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd. Balto. Md. 21236 — 25a. REC'D BY REGISTRAR DATE: NOV 13 1972 — 25b. REGISTRAR'S SIGNATURE: Sidney L. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 8. Give Pages 1, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death. Page 5 may be retained for your files.

DHMH-17 (Rev. 10M) (VR A15ME (5))

4 1

FOR STATE HEALTH DEPT.

17022

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17024

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: Evelyn	Middle: L.	Last: Hofmann	2a. DATE KNOWN OF ESTIMATED DEATH: Month November Day 22 Year 72	2b. HOUR M			
3. SEX: Female	4. RACE: Caus.	5. DATE OF BIRTH: 4-11-1900	6. AGE (In years last birthday): 72 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN	2c. DATE PRONOUNCED DEAD: Month November Day 4 Year 1972	2d. HOUR 8P M		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 627 Anneslie Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Own Home				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 627 Anneslie Road			
14. FATHER'S NAME First: Adam	Middle:	Last: Parr	15. MOTHER'S MAIDEN NAME First: Mary	Middle:	Last: Wernett		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-74-9949	17. INFORMANT: James C. Hofmann	ADDRESS: Freeland, Maryland 21053				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO, OR AS A CONSEQUENCE OF

(b): Generalized Arteriosclerosis — Stye

DUE TO, OR AS A CONSEQUENCE OF

(c): Cardio-Renal Vascular Disease

4100

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Charles F. O'Donnell M.D.

EXAMINER'S NAME (Type): Charles F. O Donnell Towson, Md.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: 11/5/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-8-72	New Cathedral Cemetery	Baltimore, Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson	Towson, Maryland 21204	NOV 8 1972	Sidney H. Norton

DHMH-17 (7-71) 1DM
(VR A15ME (5))

1

FOR STATE HEALTH DEPT.

17023

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17025

Item#4, Film G454 12/8/72 kw

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH ESTIMATED ☐	Month 11 Day 28 Year 72 19	2b. HOUR 150 P M
MINNIE	M.	HOHN	2c. DATE PRONOUNCED DEAD	Month 11 Day 28 Year 72 19	2d. HOUR 150 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN
F	White	2/4/85	87 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH
Md.	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TOWSON	GBMC	housewife	at home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER
MARYLAND	BALT.	Balto.		204 Abbey Hill Ct.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Alfred Bender			Mary J. Long		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		212-12-6050	Chas. Helbing (son-in-law)	same address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE CARDIOVASCULATURE COLLAPSE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS.

DUE TO, OR AS A CONSEQUENCE OF

(b) OPERATIVE HIP PINNING — 3 Days

DUE TO, OR AS A CONSEQUENCE OF

(c) FALL

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. > 887X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

DIABETES MELLITUS, ARTERIOSCHEROTIC CV DISEASE GENERALISED

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑
11/25/72	FRACTURED HIP	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	11/25 1972	FALL

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	NURSING HOME		ROXTON	M.D.	

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE _____ M.D.

EXAMINER'S NAME (Type) ROBERT W. LISLE MD

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 11/28/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	12/1/72	Moreland Memorial Pk.	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213	DEC 5 1972	Richard L. Norton

DHMH-17 1/71 1DM
(VR A15ME (5))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17024 — 17026

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year
LIONEL	JEFFRIES	HOPFIELD	November 8, 1972

2b. HOUR: 4 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
Male	Caucasian	February 6, 1914	58 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
Maryland	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during mast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Parkville	2400 Pickering Drive	Salesman	Carpet

13a. USUAL RESIDENCE (Where deceased lived, if institutin: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER
Maryland	Baltimore	Parkville		2400 Pickering Dr. Apt. B

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Carl	Frederick	Hopfield	Margaret	E.	Keys

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		217-03-7039	Margaret L. Hopfield	Same as #13 E

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) HASCVD ± old MI — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

DUE TO, OR AS A CONSEQUENCE OF (b) Chronic cardiac failure — 4mos

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4122

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) ~~(this hospital)~~ attended the deceased from Sept., 19 70, to NOV., 19 72 that (I) ~~(we)~~ last saw the deceased alive on 13 Oct. 19 72 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Wm. H. Kammer, J.	[X]	[ ]	[ ]	9 Nov. 72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
William Kammer M.D.	6011 York Road

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	11-11-1972	Druid Ridge Cemetery	Pikesville	Balt.	Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Coook-Brooks Towson, Inc. 1030 York Road Towson, Maryland	NOV 13 1972	Sidney H. Watson

VRA 15 (4) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17025 — 17027

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removol, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Viola
Middle	Helen
Lost	House
2a. DATE OF DEATH Month Day Year	11 17 72
2b. HOUR	11:20 AM
3. SEX	Female
4. RACE	Negro
5. DATE OF BIRTH	3/24/~~33~~
6. AGE (In years last birthday)	~~39~~ YRS.
IF UNDER 1 YEAR MONTHS / DAYS	
IF UNDER 24 HRS. HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Richmond Va
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	Baltimore County, Md. Md.
10. CITY OR TOWN OF DEATH	Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	GBMC
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife
12b. KIND OF BUSINESS OR INDUSTRY	At Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	Baltimore
13c. CITY OR TOWN	Balto.
13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	7301 Linden Avenue 21206
14. FATHER'S NAME First / Middle / Lost	Unknown
15. MOTHER'S MAIDEN NAME First / Middle / Lost	Unknown
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	NO
16b. SOCIAL SECURITY NO.	230-36-5590
17. INFORMANT Address	Mr. Laston House 7301 Linden Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Arrest	10 min
DUE TO, OR AS A CONSEQUENCE OF (b)	Pericardial Metastases	3 mos.
DUE TO, OR AS A CONSEQUENCE OF (c)	Carcinoma of the Lung	6 mos.

Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospitol) attended the deceased from 6/6, 19 72, to 11/17, 19 72, thot (I) (we) lost saw the deceased alive an 11/17/ 19 72 and that in (my) (our) apinian death occurred on the date and haur and from the couses stated above, (I) (we) (did) (did nat) view the bady after deoth.

22b. SIGNATURE	George Richards DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED 11/17/72
22d. PHYSICIAN'S NAME (Type)	George T Richards Jr	22e. ADDRESS	6701 N. Charles St

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-22-72	Arbutus Memorial Pk	Arbutus, Md.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Randolph J Gallick	2431 E. River St.	NOV 24 1972	Lindsay H Norton	

DHMH-16 1/71 30M (VR A15 (4))

1

FOR STATE HEALTH DEPT.

17026 12/7/72 kam
Item#12b, 22a, Film G454

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17028

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 (Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Item 19M3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First / Middle / Last: James Herbert Howard, Sr.					2a. DATE KNOWN OF DEATH ESTIMATED: Month November Day 8 Year 1972	2b. HOUR 11 P M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 21, 1911	6. AGE (In years last birthday): 61 YRS	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month November Day 8 Year 1972	2d. HOUR 11:57 P M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐			9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): G.B.M.C.				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Trucker Crafter	12b. KIND OF BUSINESS OR INDUSTRY: Campbell Comp'l B & D Mfg. Co.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Cockeysville	13d. INSIDE CITY LIMITS? YES ☐ NO ☐		13e. STREET AND NUMBER: Hollow Road	
14. FATHER'S NAME First / Middle / Last: James E. Howard					15. MOTHER'S MAIDEN NAME First / Middle / Last: Elizabeth Ella Sheeler	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): None	16b. SOCIAL SECURITY NO.: 215-10-7499	17. INFORMANT ADDRESS: Family records			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	Sudden
DUE TO, OR AS A CONSEQUENCE OF (b)	Generalized Arteriosclerosis	2 Yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	Diabetes Mellitus	5+ Yrs

2509

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote

22a. **I certify** thot I took charge of the remoins described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐, ond in my opinion deoth resulted from: Naturol causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Charles F. O'Donnell M.D.

EXAMINER'S NAME (Type): Charles F. O'Donnell MD

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: 11/8/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Burial	Nov. 13, 1972	Poplar Grove Cemetery	Cockeysville, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maryland	NOV 13 1972	Sidney M Norton

DHMH-17 1/71-10M
(VR A15ME (5))

17027

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17029

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	OLIVER	Middle ROBERT	Last HOWARD
2a. DATE OF DEATH Month / Day / Year	11 / 21 / 72	2b. HOUR	4:15 PM
3. SEX	M	4. RACE	N
5. DATE OF BIRTH	3-6-19	6. AGE (In years last birthday)	53 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Md.	7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Mt. Wilson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Mt. Wilson State Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	LABORER	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	A. ARUNDEL
13c. CITY OR TOWN	ANNAPOLIS	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	
13e. STREET AND NUMBER	275 WEST ST.		
14. FATHER'S NAME First	CHARLES	Middle	Last HOWARD
15. MOTHER'S MAIDEN NAME First	BESSIE	Middle	Last SELLMAN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	NO	(If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	218-12-9634	17. INFORMANT Address	Records, Mt. Wilson State Hospital

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CA. OF RT. LUNG — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1621

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from OCT. 25, 1972, to NOV. 21, 1972, that (I) (we) last saw the deceased alive on NOV 21 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Elmer P. Sauer M.D.	DEGREE ATTENDING PHYS. ☐	MED. DIRECTOR ☒	STAFF PHYS. ☐	22c. DATE SIGNED 11-21-72
22d. PHYSICIAN'S NAME (Type)	Elmer P. Sauer, M.D.	22e. ADDRESS	Mt. Wilson, Md. 21112		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11/25/72	Hopes Chapel	Edgewater A.A. Md.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	NOV 22 1972	25b. REGISTRAR'S SIGNATURE
Reese Funeral Home	Annapolis Md			

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17028 — 17030

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1-71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: RUSSELL	Middle: Bowie	Last: HOWARD	2a. DATE OF DEATH Month: 11	Day: 11	Year: 72	2b. HOUR: 10:20 P
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 09/14/94	6. AGE (In years last birthday): 78 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: UNITED STATES	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.				
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SAINT JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Inspector-ret.	12b. KIND OF BUSINESS OR INDUSTRY: B & O Mfg.				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 8520 CHESTNUT OAK RD. 21234			
14. FATHER'S NAME First: James	Middle: Edward	Last: Howard	15. MOTHER'S MAIDEN NAME First: Annie	Middle: Rebecca	Last: Gibson		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WW I	16b. SOCIAL SECURITY NO.: 218-03-5972	17. INFORMANT: Family records	Address			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): GRAM NEGATIVE SEPSIS

DUE TO, OR AS A CONSEQUENCE OF

(b): CEREBRAL VASCULAR ACCIDENT

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4369

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that [X] (this hospital) attended the deceased from 11/07, 1972, to 11/11, 1972, that [X] (we) lost saw the deceased alive on 11/11/ 1972, and that in (~~my~~) (our) opinion death occurred on the date and hour and from the causes stated above, [X] (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: O. C. Rhee	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11/12/72	
22d. PHYSICIAN'S NAME (Type): O. C. RHEE	22e. ADDRESS: 7620 YORK ROAD, TOWSON, MD. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 15, 1972	23c. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park	23d. LOCATION (City or Town): Parkville,	(County): Maryland, (State):
24. FUNERAL DIRECTOR: John Burns Sons, Towson, Md.	ADDRESS	25a. RECD BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: [illegible]	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17029 17031

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 Y4)

1. DECEASED-NAME (Type or print)	First: MAE	Middle: E	Last: HOXTER	2a. DATE OF DEATH Month: 11 Day: 19 Year: 72	2b. HOUR: 2:50 P M	
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 06/11/08	6. AGE (In years last birthday): 64 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): None	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 3002 White Ave. 21214		
14. FATHER'S NAME First Middle Last: Howard Hoxter		15. MOTHER'S MAIDEN NAME First Middle Last: Margaret Young				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: Mrs. Lavenia Hoxter 2423 E. Northern Parkway				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): ADVANCED CARCINOMA OF BREAST WITH METASTASIS — 174X

DUE TO, OR AS A CONSEQUENCE OF

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote	

22a. I certify that (I) (this hospitol) attended the deceosed from 11/09, 19 72, to 11/19, 19 72, thot (I) (we) lost sow the deceosed olive on 11/19 1972, and that in (my) (our) opinion death accurred an the dote ond hour ond from the couses stoted abave, (I) (we) (did) (~~did not~~) view the body after deoth.

22b. SIGNATURE: Felizardo A Mangundayao DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐ 22c. DATE SIGNED: 11/19/72

22d. PHYSICIAN'S NAME (Type): FELIZARDO MANGUNDAYAO 22e. ADDRESS: 7620 YORK RD. TOWSON MD. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/22/72	23c. NAME OF CEMETERY OR CREMATORY: Meadowridge Cemetery	23d. LOCATION (City or Town) (County) (Stote): Baltimore Maryland	
24. FUNERAL DIRECTOR: Leonard J. Ruck Inc.	ADDRESS: 5305 Harford Rd. 21214	25a. REC'D BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Audrey H Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17030 — 17032

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Mari	Middle: L	Last: Hubbard	2a. DATE OF DEATH Month: 11	Day: 7	Year: 72
2b. HOUR	20 11 a M					
3. SEX	Female	4. RACE	Caucasian	5. DATE OF BIRTH	11-20-89	6. AGE (In years last birthday) 82 YRS.
IF UNDER 1 YEAR: MONTHS —	DAYS —	IF UNDER 24 HRS.: HOURS —	MIN. —			
7a. BIRTHPLACE (State or foreign country)	U.S. Md.	7b. CITIZEN OF WHAT COUNTRY?	U.S.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH	Balto Md.
10. CITY OR TOWN OF DEATH	Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Manor Care 7001 N. Charles St	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired-Ret. Sales	12b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY		13c. CITY OR TOWN	Balto	13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER	4135 Roland Ave					
14. FATHER'S NAME First	Samuel	Middle: T.	Last: Linton	15. MOTHER'S MAIDEN NAME First	Martha	Middle / Last: Rider
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No	(If yes give war or dates of service)		16b. SOCIAL SECURITY NO.	A 218-10-1386	17. INFORMANT Daughter: Miss Martha Hubbard, Address 5607 Roland Ave. 21210

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of breast — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 years
DUE TO, OR AS A CONSEQUENCE OF (b) with Brain & lung
DUE TO, OR AS A CONSEQUENCE OF (c) metastases known for — 18 months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 174X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from _____, 19 62, to Nov 7, 19 72, that (I) (we) last saw the deceased alive on October 16 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W B Daniels, Jr. — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11/8/72

22d. PHYSICIAN'S NAME (Type): W.B. DANIELS, Jr. — 22e. ADDRESS: 11 E. Chase St. Baltimore 21202 Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11/9/72	Druid Ridge Cemetery	Pikesville, Balto. Co. Md.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
STEWART & MOWEN CO.	108 W. North Ave. 21201	NOV 13 1972	Sidney H. Norton	

DHMH - 16 3/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17031 — 17033

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First Abram ~~Edward~~ Middle Dilwyn Last HUEY, Jr.
2a. DATE OF DEATH: Month 11 Day 25 Year 72
2b. HOUR: 6:40 PM
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: 12-4-11
6. AGE (In years last birthday): 60 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Penna.
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: BALTIMORE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): ST JOSEPH'S HOSP
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Clerk
12b. KIND OF BUSINESS OR INDUSTRY: State College
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Penna.
13b. COUNTY: Westchester
13c. CITY OR TOWN: West Chester
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 5 Penn Drive
14. FATHER'S NAME First Middle Last: Abram Dilwyn Huey, Sr.
15. MOTHER'S MAIDEN NAME First Middle Last: Emily Raeder
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 173-07-1625
17. INFORMANT Address: Family records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PROBABLE ACUTE CORONARY OCCLUSION
DUE TO, OR AS A CONSEQUENCE OF
(b) ARTERIOSCLEROT CARDIOVASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that ~~(I)~~ (this hospital) attended the deceased ~~from~~ 25 Nov 72, 19___, to ___, 19___, that ~~(I)~~ ~~(we)~~ last saw the deceased alive on 25 Nov 19___, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: Robert W. Lisle M.D. DEGREE ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 25 Nov 72
22d. PHYSICIAN'S NAME (Type): ROBERT W. LISLE M.D.
22e. ADDRESS: 7501 YORK ROAD.

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Nov. 27, 1972
23c. NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
23d. LOCATION (City or Town) (County) (State): Baltimore Maryland
24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland
25a. REC'D BY REGISTRAR DATE: NOV 28 1972
25b. REGISTRAR'S SIGNATURE: Sidney [illegible]

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17032

17034

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: DONALD	Middle: D.	Last: IRELAND	2a. DATE OF DEATH Month: 11 Day: 5 Year: 72
2b. HOUR: 12:50 P M			
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: Jan. 20, 1916	6. AGE (In years last birthday): 56 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Ohio	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: Essex	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Franklin Square Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Rate Clerk	12b. KIND OF BUSINESS OR INDUSTRY: Navajo Exp.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Parkville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 2909 Scherer Avenue			
14. FATHER'S NAME First: Ernest	Middle	Last: Ireland	15. MOTHER'S MAIDEN NAME First: Ola	Middle	Last: Unknown
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service): Yes Peace Time	16b. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Lillian V. Ireland	Address: Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE
DUE TO, OR AS A CONSEQUENCE OF
(b) CALCIFIC AORTIC STENOSIS
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
3959

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this haspital) attended the deceased from 10-18-72 19 72, to 11-5 19 72, that (I) (we) last saw the deceased alive an 11-5 19 72, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE: S. KULAM.	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11 - 5 - 72		
22d. PHYSICIAN'S NAME (Type): SABAPATHIPPILLAI KULATHUNGAM, M.D.	22e. ADDRESS: 9000 FRANKLIN SQUARE DRIVE			

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/9/72	23c. NAME OF CEMETERY OR CREMATORY: Dulaney Valley Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore Maryland	
24. FUNERAL DIRECTOR: Leonard J. Ruck Inc.	ADDRESS: 5305 Harford Rd.	25a. REC'D BY REGISTRAR DATE: NOV 8 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH - 163/72 25M
(VR A15 (4))

1

17033

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17035

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Okey	Middle: T.	Last: Jackson	2a. DATE OF DEATH: Month 24 Day 72 Year 11	2b. HOUR: 4:05 P M	
3. SEX: Male	4. RACE: Cau	5. DATE OF BIRTH: Oct. 25, 1909	6. AGE (In years last birthday): 63 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Va.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Rossville 21237	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Franklin Sq. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Sheet Metal worker	12b. KIND OF BUSINESS OR INDUSTRY: Ship Yard		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Essex 21221	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 299 Holly Neck Rd.	
14. FATHER'S NAME First: Silas	Middle: B.	Last: Jackson	15. MOTHER'S MAIDEN NAME First: Lucy	Middle: Burns	Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): --	16b. SOCIAL SECURITY NO.: 225 16 3327	17. INFORMANT: Ryvers Law	Address: Same	

MEDICAL CERTIFICATION

1B. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Respiratory Failure

DUE TO, OR AS A CONSEQUENCE OF

(b): Terminal cancer of the lung

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1621

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** thot (I) (this hospital) attended the deceased from 11/9, 19 72, to 11/24, 19 72, thot (I) (we) last saw the deceased alive on 11/24 19 72, ond thot in (my) (our) opinion deoth occurred on the dote ond haur and from the couses stoted above, (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE: H. Hassouri DEGREE	ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11/24/72	
22d. PHYSICIAN'S NAME (Type): H. Hassouri	22e. ADDRESS: 9000 Franklin Square Drive		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/27/72	23c. NAME OF CEMETERY OR CREMATORY: Gardens of Faith	23d. LOCATION (City or Town): Baltimore, Md.	(County):	(State):
24. FUNERAL DIRECTOR: Bruzdzinski Funeral Home	ADDRESS: 1407 Eastern Ave.	25a. REC'D BY REGISTRAR DATE: NOV 28 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton		

DHMH - 163/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17034 — 17036

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	FRANK N. JANSSEN
2a. DATE OF DEATH Month / Day / Year	11- 26
2b. HOUR	729:25 PM
3. SEX	Male
4. RACE	White
5. DATE OF BIRTH	May 5, 1913
6. AGE (In years last birthday)	59 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Maryland
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	Rossville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Franklin Square Hospital
12a. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)	Supt. Langenfelder
12b. KIND OF BUSINESS OR INDUSTRY	Const.
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	Maryland
13b. COUNTY	Baltimore
13c. CITY OR TOWN	Hamilton
13d. INSIDE CITY LIMITS? YES [X] NO [ ]	
13e. STREET AND NUMBER	5908 Hamilton Ave. 21237
14. FATHER'S NAME First / Middle / Last	George F. Janssen
15. MOTHER'S MAIDEN NAME First / Middle / Last	Anna Kotrle
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	216-07-4784
17. INFORMANT Address	Mrs. Ella Janssen 5908 Hamilton Ave. Balto. 21237 Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC ARREST	11-26-72
DUE TO, OR AS A CONSEQUENCE OF (b)	RECURRENT MYOCARDIAL INFARCTION	11-26-72
DUE TO, OR AS A CONSEQUENCE OF (c)	ASCVD EXTENSIVE.	11-6-72

4109 — Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] DR CONTRIBUTING [ ] CAUSE OF DEATH (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify thot (I) (this hospital) attended the deceosed from 11- 6, 1972, to 11-22, 1972, thot (I) (we) last saw the deceased alive on 11-22 1972, and that in (my) (our) apinion death occurred an the date and haur and from the causes stated above. (I) (We) (did) (did nat) view the body after deoth.

22b. SIGNATURE	Robert L Barney M.D	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED 11-26-72
22d. PHYSICIAN'S NAME (Type)	R.L. BARNEY M.D	22e. ADDRESS	527 Hampton Ln. Towson. Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-29-1972	Gardens Of Faith Cem.	Baltimore Co.	Maryland
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Lassahn Funeral Home	7401 Belair Rd. 21236	DEC 1 1972	Sidney L. Sartorius	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17035 — 17037

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	MARY F. JASPER			2a. DATE OF DEATH Month / Day / Year	11 / 3 / 72
				2b. HOUR	9 P.M.
3. SEX	FEMALE	4. RACE	WHITE	5. DATE OF BIRTH	7/20/1884
6. AGE (In years last birthday)	88 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country)	Virginia	7b. CITIZEN OF WHAT COUNTRY?	USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.				
10. CITY OR TOWN OF DEATH	Catonsville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	1304 N. Rolling Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife
12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md	13b. COUNTY	Balto	13c. CITY OR TOWN	Catonsville
13d. INSIDE CITY LIMITS?	YES ☐ NO ☒	13e. STREET AND NUMBER	1304 N. Rolling Road		
14. FATHER'S NAME First / Middle / Last	Late Fisher Hume	15. MOTHER'S MAIDEN NAME First / Middle / Last	Late Anna		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16b. SOCIAL SECURITY NO.	214-56-1179 J1	17. INFORMANT Address	Mrs. Gloria Westborg, 1304 N. Rolling Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosl Heart Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.
DUE TO, OR AS A CONSEQUENCE OF (b) Gen. arteriosclerosis
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4/23
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Rheumatoid arthritis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this haspital) attended the deceased from _____, 19__, to Nov., 1972, that (I) (we) last saw the deceased alive an Nov 2 1972, and that in (my) (our) opinion death occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE	[signature] M.D. DEGREE	ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED Nov 4. 72
22d. PHYSICIAN'S NAME (Type)	J. KUDIRKA	22e. ADDRESS	215 Wilkens ave, Balt. md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11/7/72	Remington Memorial Cem	Remington, Va.	
24. FUNERAL DIRECTOR ADDRESS	Witzke, 1630 Edmondson Ave., 21228	25a. REC'D BY REGISTRAR DATE	NOV 8 1972	25b. REGISTRAR'S SIGNATURE Sidney Horton

DHMH - 16 3/72 25M
(VR A15 (4))

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17036 17038

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: NATHAN	Middle: WARE	Last: JOHNSON	2a. DATE KNOWN OF DEATH ☑ ESTIMATED ☐	Month 11 Day 24 Year 1972 — 2b. HOUR 720 P M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: June 15, 1918	6. AGE (In years last birthday): 54 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 11 Day 24 Year 1972	2d. HOUR 720 P M
7a. BIRTHPLACE (State or foreign country): VA	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE		Md.
10. CITY OR TOWN OF DEATH: CATONSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 110 Forest Drive	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): ELECTRICIAN	12b. KIND OF BUSINESS OR INDUSTRY: Electric		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: CATONSVILLE	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 110 FOREST DRIVE	
14. FATHER'S NAME: First WALTER Middle T Last JOHNSON	15. MOTHER'S MAIDEN NAME: First NANNIE Middle T. Last WHITFIELD				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 226-16-7425	17. INFORMANT: EVELYN S JOHNSON	ADDRESS: 110 FOREST DRIVE		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atherosclerotic Cardiovascular Heart Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sundry
4109
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote

22a. **I certify** that I taak charge of the remains described above, held an Autapsy ☐, Inspectian ☒, Inquiry ☐, and in my apinian death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John F. Schaefer M.D.
EXAMINER'S NAME (Type): SCHAEFER
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
AOORESS(Street, city, town, or county)
22b. DATE SIGNED: 11-24-72

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-27-1972	23c. NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL	23d. LOCATION (City or Town): BALTIMORE	(County) (State): MD
24. FUNERAL DIRECTOR: Farley-Cavanaugh F.H.,	ADDRESS: Catonsville, 6601 Frederick Ave. Md.	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney L. Winton	

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17037 (Agnes) — 17039 — 11/30/72

1. DECEASED-NAME (Type or print): First: Agnes; Middle: F; Last: Johnston
2a. DATE OF DEATH: Month 12 Day 20 Year 1972
2b. HOUR: 9:18 AM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 12-20-1892
6. AGE (In years last birthday): 79 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Mass.
7b. CITIZEN OF WHAT COUNTRY?: U S A
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: Balto. Md.
10. CITY OR TOWN OF DEATH: Baltimore
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Summit Nsg. Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Balto.
13c. CITY OR TOWN: Balto.
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 853 Glen Allen Drive
14. FATHER'S NAME First: Alexander Middle: — Last: Frew
15. MOTHER'S MAIDEN NAME First: Agnes Middle: — Last: Muirhead
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16b. SOCIAL SECURITY NO.: 030-09-4818D
17. INFORMANT: Jessie Whittier Address: 853 Glen Allen Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 d
DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD — 20 yrs
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Carcinoma uterus, Parkinsonism

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at wark ☐ Not while at wark ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify thot (I) (this hospitol) ottended the deceosed from 1 July, 19 72 to 30 Nov, 19 72 that (I) (we) lost saw the deceased alive an 30 Nov 19 72 and that in (my) (our) opinion deoth occurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE: James E. Rowe M.D. DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11/30/72
22d. PHYSICIAN'S NAME (Type): J. E. Rowe
22e. ADDRESS: Catonsville, Md 21228

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/4/72
23c. NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery
23d. LOCATION (City or Town) (County) (State): Everett, Mass.
24. FUNERAL DIRECTOR ADDRESS: Witzke, 1630 Edmondson Avenue, Balto, Md. 21228
25a. REC'D BY REGISTRAR DATE: DEC 1 1972
25b. REGISTRAR'S SIGNATURE: Lillian Horton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

6

1

FOR STATE HEALTH DEPT.

17038

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17040

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: JOHN	Middle: WILLIAM	Last: JOHNSTON SR.	2a. DATE OF DEATH: KNOWN ☒ ESTIMATED ☐ Month: 11 Day: 16 Year: 1972	2b. HOUR: 4:55 P M			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 5-31-09	6. AGE (In years last birthday): 63 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 11 Day 16 Year 1972	2d. HOUR: 4:53 P M		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY? USA.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Balto. Co. Gen. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Owings Mills	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 228 B Lyons Mill Rd.			
14. FATHER'S NAME First: William	Middle	Last: Johnston	15. MOTHER'S MAIDEN NAME First	Middle	Last: Smith		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes give war or dates of service): None	16b. SOCIAL SECURITY NO.: 219-03-4868	17. INFORMANT: wife	ADDRESS: same				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Ischemic heart disease with angina — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 mon.

DUE TO, OR AS A CONSEQUENCE OF: Pectoris

4123

Conditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.

(b) _____ DUE TO, OR AS A CONSEQUENCE OF

(c) _____

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert B. Taylor MD M.D.

EXAMINER'S NAME (Type): TAYLOR

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 11-16-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov 20 1972	23c. NAME OF CEMETERY OR CREMATORY: Lake View Cemetery	23d. LOCATION (City or Town) (County) (State): Randallstown Md.	
24. FUNERAL DIRECTOR: Frank S. Hemelt Sons	ADDRESS: Pikesville Md.	25a. REC'D BY REGISTRAR DATE: NOV 20 1972	25b. REGISTRAR'S SIGNATURE: Sidney M Norton	

VR A15ME (5)
10M - 1/69

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17039

17041

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: OTHO	Middle: W.	Last: Jones	2a. DATE OF DEATH Month: Nov.	Day: 8	Year: 1972
2b. HOUR: 12 PM						
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: Feb. 6, 1882	6. AGE (In years last birthday): 90 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): St. Marys Co. Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore County Md.			
10. CITY OR TOWN OF DEATH: Catonsville Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): Summit Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Yard Foreman	12b. KIND OF BUSINESS OR INDUSTRY: WB&A RR			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: XXXXXXXXXX	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 3275 S. Bentalou St.		
14. FATHER'S NAME First: Whitfield	Middle:	Last: Jones	15. MOTHER'S MAIDEN NAME First: Unknown	Middle:	Last:	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-03-1140A	17. INFORMANT: Mr. Hilary Jones 327 S. Bentalou St.	Address: 21223			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebrovascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4d

DUE TO, OR AS A CONSEQUENCE OF

(b): ASCVD — 20yrs

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last. 4124

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notity medicol examiner) UNDERLYING ☐ OR CONTRIBUTING ☐

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this haspital) attended the deceased from 6 Nov, 19 72 to 8 Nov, 19 72 that (I) (we) last saw the deceased alive an 8 Nov 19 72 and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE: James E. Rowe MD — DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11/8/72

22d. PHYSICIAN'S NAME (Type): J. E. ROWE — 22e. ADDRESS: Catonsville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-11-72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery	23d. LOCATION (City or Town): Baltimore	(County): Md. (Stote):
24. FUNERAL DIRECTOR: Hubbard Funeral Home, Inc.	ADDRESS: 4107 Wilkens Ave. 21229	25a. REC'D BY REGISTRAR DATE: NOV 13 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

17040

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17042

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: RAYMOND	Middle: LEO	Last: JONES	2a. DATE OF DEATH Month: 11 Day: 7 Year: 72	2b. HOUR: 9.30 P M	
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 11-16-97	6. AGE (In years lost birthday): 74 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): MD.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTO. Md.			
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): BCGH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): GUARD	12b. KIND OF BUSINESS OR INDUSTRY: RACETRACK			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO. ~~BALTO.~~	13c. CITY OR TOWN: CATONSVILLE	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 1179 GRANVILLE RD.		
14. FATHER'S NAME First: CHARLES	Middle:	Last: JONES	15. MOTHER'S MAIDEN NAME First: ANNA	Middle:	Last: NOLAN	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-20-1323	17. INFORMANT: Mrs. Edward M. Jones	Address: 1179 Granville Rd			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARDIAC ARREST.
4409
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): ARTERIOSCLEROSIS
DUE TO, OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. **I certify** that (I) (this haspital) attended the deceased from _____, 19____, ta _____, 19____, that (I) (we) last saw the deceased alive an 11/7/72 19____, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE: Portuondo DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [ ]		22c. DATE SIGNED: 11/7/72
22d. PHYSICIAN'S NAME (Type): PORTUONDO	22e. ADDRESS	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-11-72	23c. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.	23d. LOCATION (City or Town): Baltimore	(County) (State): Md.
24. FUNERAL DIRECTOR: Farley Cremacy BOA.	ADDRESS: Catonsville Md.	25a. REC'D BY REGISTRAR DATE: NOV 10 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

17041

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17043

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
KAPLAN	ETHEL	MAY	11	2	72	12:10 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Female	Caucasian	12/20/03	68 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Md.	U.S.A.	WIDOWED [x]	Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	Greater Balto. Med. Center	Home Maker	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES / NO	13e. STREET AND NUMBER
Md.		Balto.	YES [x] NO [ ]	3027 Mayfield Ave.-21213

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Lyle	Marshall		-	Peck	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
	-	Mr. Harry Kaplan ~~3027 Ma~~ 5722 Plainfield Ave.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Widely metastatic carcinoma of bladder

DUE TO, OR AS A CONSEQUENCE OF

(b) Intestinal obstruction

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 188X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [XX] NO [ ]	YES

21a. ACCIDENT WAS OR CONTRIBUTING / UNDERLYING CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this haspital) attended the deceased from 10/25, 19 72, to 11/2, 19 72, that (I) (we) last saw the deceased alive on 11/2 19 72, and that in (my) (our) apinion death occurred an the date ond hour ond from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Frederick W. Bauer M.D.	ATTENDING PHYS. [x] MED. DIRECTOR [ ] STAFF PHYS. [ ]	11/2/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Frederick W. Bauer, M.D.	6701 N. Charles Street 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-6-72	Moreland Memorial	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John C. Miller Inc-6415 Belair Rd.-21206	NOV 10 1972	Sidney H. Norton

DHMH-16 1/71 30M
(VR A15 (4)

17042

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17044

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: TILLIE	Middle: M.	Last: KARBONIK	2a. DATE OF DEATH Month: 11 Day: 6 Year: 72	2b. HOUR: 3:15 a M	
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: Nov 15-1894	6. AGE (In years last birthday): 77 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Poland	7b. CITIZEN OF WHAT COUNTRY?: usa	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: Baltimore	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Franklin SQ Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Char-woman	12b. KIND OF BUSINESS OR INDUSTRY: Bank			
13a. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: Md	13b. COUNTY: Balto	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 6601 O'Donnell St		
14. FATHER'S NAME First: unknown	Middle	Lost	15. MOTHER'S MAIDEN NAME First: unknown	Middle	Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220 18 8069	17. INFORMANT: Nicholas Karbonik	Address: 7401 Wenig Ave 21222			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardio-respiratory arrest.

DUE TO, OR AS A CONSEQUENCE OF

(b): Massive Cerebro-vascular accident

DUE TO, OR AS A CONSEQUENCE OF

(c): Bystemic Hypertension.

4360

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from 11-4-, 1972 to 11-6, 1972, that (I) (we) last saw the deceased alive on 11-5-1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: L Barai	M.D. DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☑	22c. DATE SIGNED: 11.6.72.
22d. PHYSICIAN'S NAME (Type): LALIT K. BARAI, M.D.		22e. ADDRESS: 9000 FRANKLIN SQUARE DRIVE			

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-9-72	23c. NAME OF CEMETERY OR CREMATORY: St Michales Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore.Md	
24. FUNERAL DIRECTOR: WALTER DABROWSKI	ADDRESS: 1005 DUNDALK AVENUE	25a. REC'D BY REGISTRAR DATE: NOV 8 1972.	25b. REGISTRAR'S SIGNATURE: Ardreyn Norton	

DHMH - 16 3/72 25M (VR A15 (4))

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Files Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form #43. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

17043

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17045

1. DECEASED-NAME (Type or Print) First: John	Middle: A.	Last: Kearns	2a. DATE OF DEATH KNOWN ☑ ESTIMATED ☐ Month: Nov Day: 8 Year: 1972	2b. HOUR: 235 A M			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Nov. 30, 1898	6. AGE (In years last birthday): 73 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: Nov Day: 8 Year: 1972	2d. HOUR: 325 A M		
7a. BIRTHPLACE (State or foreign country): Penna.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Middlesex	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 114 Alcock Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Mechanical	12b. KIND OF BUSINESS OR INDUSTRY: Martins				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Middlesex	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 114 Alcock Road			
14. FATHER'S NAME First: Unknown	Middle	Last	15. MOTHER'S MAIDEN NAME First: Unknown	Middle	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-12-8892	17. INFORMANT: Mr. Ronald J. Kearns	ADDRESS: 1760 Eastern Blvd. Balto. 21221				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CHRONIC ISCHEMIC HEART DISEASE
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): SENILITY

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): MELVIN B. DAVIS M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ADDRESS (Street, city, town or county): 800 MORNINGTON RD 21229
22b. DATE SIGNED: 11/9/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Cremation	11/9/72	Greenmount Crematory	Baltimore Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Lassahn Funeral Home 7401 Belair Rd. Balto. 21236	NOV 10 1972	Sidney H. Norton

VR A (Rev. 8M)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17044 — 17046

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Mary Margaret	Middle: Dorothea	Last: Keene	
2a. DATE OF DEATH	Month: 11	Day: 1	Year: 72	2b. HOUR: 12:10 PM
3. SEX	Female			
4. RACE	White			
5. DATE OF BIRTH	1-5-12			
6. AGE (In years last birthday)	60 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Maryland (Harford Co.)			
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.			
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐				
9. COUNTY OF DEATH	Baltimore Md.			
10. CITY OR TOWN OF DEATH	Towson			
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	St. Joseph			
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife			
12b. KIND OF BUSINESS OR INDUSTRY	Homemaker			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland			
13b. COUNTY				
13c. CITY OR TOWN	Baltimore			
13d. INSIDE CITY LIMITS? YES ☒ NO ☐				
13e. STREET AND NUMBER	7018 Marietta Ave. 21234			
14. FATHER'S NAME	First: Nathaniel	Middle: William Smith	Last: Hays	
15. MOTHER'S MAIDEN NAME	First: Dorothy	Middle: Y.	Last: Pyle	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	NO	(If yes give war or dates of service)		
16b. SOCIAL SECURITY NO.	NONE			
17. INFORMANT (Husband) 444-4675	mr. Robert H. Keene, Jr.	Address: 7018 Marietta Avenue Baltimore, Maryland 21234		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure. Arteriosclerotic

DUE TO, OR AS A CONSEQUENCE OF: cardiovascular disease.

(b) Nephrosclerosis

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4/22

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 10-25, 19 72, to 11-1, 19 72, that (I) (we) last saw the deceased alive on 11-1 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Idilia Barzaga	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11-1-72
22d. PHYSICIAN'S NAME (Type)	Idilia Barzaga, M.D.	22e. ADDRESS	7620 York Rd. Towson Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: Nov. 4, 1972	23c. NAME OF CEMETERY OR CREMATORY: Rock Spring Episcopal Church Cem.	23d. LOCATION (City or Town) (County) (State): Forest Hill, Harford Co., Maryland 21050	
24. FUNERAL DIRECTOR: Joseph William Foster	ADDRESS: W. Broadway & Williams St. Bel Air, Maryland 21014	25a. REC'D BY REGISTRAR DATE: NOV 3 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17045 — 17047

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation or removal from the State, and in any event, within 72 hours after death.

DHMH-16 1/71-30M (VR A15)

1. DECEASED-NAME (Type or print)	First: MARTHA	Middle: M.	Last: KELLNER	2a. DATE OF DEATH: Nov. Month 24, Day 1972, Year	2b. HOUR: 11:50 M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Oct. 24, 1893	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Germany	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Parkville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 6802 Collinsdale Rd.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Parkville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 6802 Collinsdale Rd. -21234	
14. FATHER'S NAME: First August	Middle	Last Sijatz	15. MOTHER'S MAIDEN NAME: First Marie	Middle	Last Foerster
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give wor or dates of service)	16b. SOCIAL SECURITY NO.: 213-74-2069	17. INFORMANT: Mr. Albert Kellner Sr.	Address: Same		

MEDICAL CERTIFICATION APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4379

IMMEDIATE CAUSE (a): Bronchopneumonia — 2-3 days.

DUE TO, OR AS A CONSEQUENCE OF (b): Parkinsonism — 15 mos

DUE TO, OR AS A CONSEQUENCE OF (c): Cerebral arteriosclerosis — Unknown

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Arteriosclerotic Cardio-vascular disease, Fracture, Lt hip 8/4/72, Cholecystectomy 8/4/72

19a. DATE OF OPERATION: 8-5-72 / 8-21-72	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Cholecystectomy Fracture Lt hip	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY: HOUR A.M. P.M. 2 Month 11 Day 19 Year 72	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Apparently Fell from Bed		
21d. INJURY OCCURRED While at work [ ] Not while at work [X]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.): Maryland General Hospital	21f. LOCATION Street or R.F.D. No.: 827 Linden Ave	City or Town: Balto	County	State: Md.

22a. I certify that (I) (this hospital) attended the deceased from Nov, 19 72, to Nov 24, 19 72, that (I) (we) last saw the deceased alive on Oct 18 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Edward J. Cotter M.D.	DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]	22c. DATE SIGNED: Nov. 24, 1972
22d. PHYSICIAN'S NAME (Type): Edwa	22e. ADDRESS				

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/27/72	23c. NAME OF CEMETERY OR CREMATORY: Gardens of Faith Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore Maryland	
24. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.	ADDRESS: Balto. Md.	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney [illegible]	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17046 17048

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: John	Middle: O.	Last: Kelly, Sr.	2a. DATE OF DEATH: Month November Day 2, Year 1972	2b. HOUR: 11:45 P M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 9/9/14	6. AGE (In years last birthday): 58 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Dundalk	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 6829 Belclare Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Data Processing	12b. KIND OF BUSINESS OR INDUSTRY: Steel		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Dundalk	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 6829 Belclare Road	
14. FATHER'S NAME First: William	Middle: J.	Last: Kelly	15. MOTHER'S MAIDEN NAME First: Mary	Middle: E.	Last: Aloff
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-09-3055	17. INFORMANT: (Wife) 6829 Belclare Rd. Mrs. Nellie M. Kelly, Dundalk, Md. 21222			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CANCER of Rt. Lung — 1621
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospitol) attended the deceased from Sept. 12, 1972, to Nov. 2, 1972, that (I) (~~we~~) last saw the deceased alive on Nov. 1, 1972, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: M B Davis MD	DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]
22c. DATE SIGNED: Nov 3-1972				
22d. PHYSICIAN'S NAME (Type): Melvin B. Davis M.D.	22e. ADDRESS: 6800 Mornington Road, Dundalk, Md.			

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/6/72	23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: John J. Duda, 7922 Wise Ave.	ADDRESS: Dundalk, Md.	25a. REC'D BY REGISTRAR DATE: NOV 8 1972	25b. REGISTRAR'S SIGNATURE: Stanley H. Norton	

Item 22a Tele. call 1/11/73 mh

17047

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17049

Item#23a, Film G45h 12/6/72 kam

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
JOHN	HENRY	KERNS	November	26	1972	6:55 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
MALE	WHITE	12/7/98	73 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
VIRGINIA	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
FORT HOWARD	VETERANS ADMINISTRATION	BALTIMORE TRANSIT	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	V	BALTIMORE	YES [X] NO [ ]	814 Union Avenue

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
BARNETT		KERNS	IDA		ELKINS

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
YES	WW I	213 10 1249	Clin. Recds., VA Hospital, Ft. Howard, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC CEREBRAL VASCULAR DISEASE WITH AZOTEMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4379

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

DIABETES MELLITUS

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

12/8/71

22a. I certify that (I) (this hospital) attended the deceased from 11/10, 1972, to 11/26, 1972, that (I) (we) last saw the deceased alive on 11/26 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Chang Lee	[ ]	[ ]	[X]	11/26/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
CHANG G. LEE, M.D.	VA HOSPITAL, FT. HOWARD, MD. 21052

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/29/72	MEADOW RIDGE	Howard, Co.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
PAUL CHENOWETH	3615 Chestnut Avenue Baltimore, Md.	NOV 29 1972	Sidney N. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH - 16 3/72 26M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

17048
Item#8, Film 454 12/7/72 kam

17050

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Catherine	Middle: Eleanor	Last: Kinder	2a. DATE OF DEATH: Month 11 Day 29 Year 72
2b. HOUR: 4:15 P M				
3. SEX: F	4. RACE: CAU	5. DATE OF BIRTH: 5/24/30	6. AGE (In years last birthday): 42 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): BALTO.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTO. Md.	
10. CITY OR TOWN OF DEATH: BALTO.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): GBMC	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: own home	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Anne Ar.	13c. CITY OR TOWN: Pasadena	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 134 Dunlap Rd.
14. FATHER'S NAME First: Ira	Middle	Last: Wood	15. MOTHER'S MAIDEN NAME First: Mildred	Middle	Last: Wood
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes give war or dates of service): no	16b. SOCIAL SECURITY NO.: 212-30-0829	17. INFORMANT: ADMISSION SLIP	Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): MULTIPLE COMPLICATIONS OF CHRONIC RENAL FAILURE

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 180X

DUE TO, OR AS A CONSEQUENCE OF (b): CHRONIC RENAL FAILURE

DUE TO, OR AS A CONSEQUENCE OF (c): METASTIC INVOLVEMENT OF URETERS FROM CANCER OF CERVIX

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 11/2, 19 72, to 11/29, 19 72, that (I) (we) last saw the deceased alive on 11/29 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: Ronald Broadwater MD DEGREE — ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 11/29/72

22d. PHYSICIAN'S NAME (Type): DR. RONALD BROADWATER

22e. ADDRESS: 6701 N. CHARLES ST.

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: Dec. 2,72	23c. NAME OF CEMETERY OR CREMATORY: Holy Cross	23d. LOCATION (City or Town) (County) (State): Balto. Md.	
24. FUNERAL DIRECTOR: Kirkley Funeral Home	ADDRESS: 421 Crain Hwy.	25a. REC'D BY REGISTRAR DATE: DEC 4 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Watson	

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17049

17051

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 (VR A15ME (5)) 10M

1. DECEASED-NAME (Type or Print)	First: Jean	Middle: Palmer	Lost: King	2o. DATE KNOWN OF DEATH / ESTIMATED	Month: 11	Day: 14	Year: 1972	2b. HOUR	M		
3. SEX: female	4. RACE: White	5. DATE OF BIRTH: 7-31-1917	6. AGE (In years last birthday): 55 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 11 Day 14 Year 1972	2d. HOUR: 7:25 P.M.				
7o. BIRTHPLACE (State or foreign country): N. Y.	7b. CITIZEN OF WHAT COUNTRY?: USA	B. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Baltimore	Md.							
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): St. Joseph Hospital	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY								
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 7734 Greenview Terrace							
14. FATHER'S NAME First: Vincent	Middle: Palmer	Lost	15. MOTHER'S MAIDEN NAME First: Frances	Middle	Lost: Ashley						
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 064-14-2537	17. INFORMANT: Aubrey E. King	ADDRESS: York Springs, Pa.							

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o): Multiple injuries — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if ony, which gove rise to immediote couse (o), stoting the underlying couse last. 8147
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐
21o. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Yeor HOUR 6:00 P.M. 11/14/1972	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.): Subject pedestrian hit by car.
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.): Street	21f. LOCATION Street or R.F.D. No.: York and Towson College Drive; City or Town: Towson; County: Balto.; Stote: Md.

22o. I certify thot I took chorge of the remoins described obove, held on Autopsy ☒ Inspection ☐, Inquiry ☐, ond in my opinion deoth resulted from: Noturol couses ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 11/15/72

23o. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 11-16-72	23c. NAME OF CEMETERY OR CREMATORY: Greenmount	23d. LOCATION (City or Town): Baltimore	(County)	(Stote): Md.
24. FUNERAL DIRECTOR: H.W.Jenkins & Sons Co.,	ADDRESS: Balto., Md.	25o. REC'D BY REGISTRAR DATE: NOV 17 1972	25b. REGISTRAR'S SIGNATURE: [signature]		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17050 Item#8, FilmG453 11/20/72 kam

17052

DIVISION OF VITAL RECORDS, 3D1 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

	First	Middle	Last			
1. DECEASED-NAME (Type or print)	IDA	MARIE	KISSINGER	2a. DATE OF DEATH Month 11 Day 9 Year 72	2b. HOUR 2:30 P M	
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: 8/31/93	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Md	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore County Md.			
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Greater Balto. Med. Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): MEDICAL SEC.	12b. KIND OF BUSINESS OR INDUSTRY: MEDICAL			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: BALTO	13c. CITY OR TOWN: TOWSON	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 121 Regester Ave		
14. FATHER'S NAME: LOUIS M. WALGER		15. MOTHER'S MAIDEN NAME: FLORENCE A.				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-40-7153A.	17. INFORMANT: Doris Johnson	Address: 121 Regester Ave			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic and hypertensive cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4122
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Bronchopneumonia

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 10/15, 1972, to 11/9, 1972, that (I) (we) last saw the deceased alive on 11/9 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John E Adams M.D	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11/10/72	
22d. PHYSICIAN'S NAME (Type): John E. Adams, M.D.	22e. ADDRESS: 6701N. Charles St. Towson, Md. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/13/72	23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge	23d. LOCATION (City or Town): Pikesville	(County): Balto (State): Md
24. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home	ADDRESS: 6500 York Rd	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17051 — 17053

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: BERT	Middle:	Last: KLINE	2a. DATE OF DEATH: Month NOVEMBER Day 2, Year 1972	2b. HOUR: 3:30 AM.
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: DECEMBER 7, 1915	6. AGE (In years last birthday): 56 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): NEW CASTLE, PA.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE		Md.
10. CITY OR TOWN OF DEATH: BALTIMORE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 3433 PHILLIPS DRIVE	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): PUBLISHER-MANAGING EDITOR	12b. KIND OF BUSINESS OR INDUSTRY: JEWISH TIMES		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN:	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 3433 PHILLIPS DRIVE #21208	
14. FATHER'S NAME First: BERT	Middle:	Last: KLINE	15. MOTHER'S MAIDEN NAME First: MARY	Middle:	Last: ?
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): W.W. II	16b. SOCIAL SECURITY NO.	17. INFORMANT: MRS. HELEN S. KLINE, 3433 PHILLIPS DR. #21208	Address		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CARCINOMA of the Head of the PANCREAS — 3 mos

DUE TO, OR AS A CONSEQUENCE OF

(b): Disseminated metastasis

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1570

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS not DR CONTRIBUTING ☒ UNDERLYING CAUSE OF DEATH ☒ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from Sept, 19 72, to Nov 2, 19 72, that (I) (we) last saw the deceased alive on 10/31/72 19 , and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: Andrew R Schwartz MD — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11/2/72

22d. PHYSICIAN'S NAME (Type): ANDREW SCHWARTZ — 22e. ADDRESS: 6821 REISTERSTOWN ROAD

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/3/72	23c. NAME OF CEMETERY OR CREMATORY: HAR SINAI	23d. LOCATION (City or Town) (County) (State): OWINGS MILLS, MARYLAND	
24. FUNERAL DIRECTOR: SOL LEVINSON & BROS.,	ADDRESS: 6010 REISTERSTOWN ROAD	25a. REC'D BY REGISTRAR DATE: NOV 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney N Norton	

1

FOR STATE HEALTH DEPT.

17052

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17054

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/72 10M
(VR A15ME (5))

1. DECEASED-NAME (Type or Print)	First: EUGENE	Middle: T.	Last: KNAPP	2a. DATE KNOWN OF DEATH ☒ / ESTIMATED ☐ Month: 11 Day: 20 Year: 1972	2b. HOUR: M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: JUNE 24 1917	6. AGE (In years last birthday): 55 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: November Day: 20, Year: 1972	2d. HOUR: 5:40 P M
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): St. Joseph Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): DRIVER	12b. KIND OF BUSINESS OR INDUSTRY: Cab.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: BALTO	13c. CITY OR TOWN: PARKVILLE ~~Baltimore~~	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 7803 Beverly Road	
14. FATHER'S NAME: First: Charles Middle: H. Lost: KNAPP		15. MOTHER'S MAIDEN NAME: First: KATHERINE Middle: M. Lost: BAUER			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-01-2155	17. INFORMANT: MARILYN A. KNAPP ADDRESS: Same			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Arteriosclerotic cardiovascular disease — 4124

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Deputy M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: 11/21/72

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-24-1971	23c. NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL	23d. LOCATION (City or Town): BALTO	(County):	(State): MD
24. FUNERAL DIRECTOR: CHARLES F. EVANS & SON	ADDRESS: 8802 HARFORD RD	25a. REC'D BY REGISTRAR DATE: NOV 24 1972	25b. REGISTRAR'S SIGNATURE: Audrey H. Norton		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17053 — 17055

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

1. DECEASED-NAME (Type or print)	First: FRANK.	Middle: W.	Last: KOLAR	2a. DATE OF DEATH Month: Nov	Day: 18	Year: 1972	2b. HOUR: 4:30 P M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Sept 6 1903	6. AGE (In years last birthday): 69 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Checoslovakia	7b. CITIZEN OF WHAT COUNTRY?: USA.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Balto Md.				
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 3038 Linwood.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Pasteurizer	12b. KIND OF BUSINESS OR INDUSTRY: Dairy.				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Balto	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 3038 Linwood.			
14. FATHER'S NAME First: Joseph.	Middle	Last: Kolar	15. MOTHER'S MAIDEN NAME First: Josephine.	Middle	Last: Dusek		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No, or unknown: Yes (If yes give war or dates of service): WW2	16b. SOCIAL SECURITY NO.: 215 10 3619	17. INFORMANT: Josephine Kubar.	Address: (Sister)				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Circulatory Collapse — Sudden

DUE TO, OR AS A CONSEQUENCE OF (b): Myocardial Infarction — Sudden

DUE TO, OR AS A CONSEQUENCE OF (c): Hypertensive Arteriosclerotic Cardio Vasc Dis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4100

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 | 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | Stote

22a. **I certify** that (I) (this hospitol) attended the deceased from Jan, 19 60, to Nov, 19 72, thot (I) (we) last saw the deceased olive an Nov 9, 19 72, and that in (my) (aur) apinion death accurred an the dote ond hour and from the couses stated above, (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE: F. T. Kasik M.D. | DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ | 22c. DATE SIGNED: 11/10/72

22d. PHYSICIAN'S NAME (Type): F. T. KASIK. | 22e. ADDRESS: 9005 Harford Rd

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 11/14/72	23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer	23d. LOCATION (City or Town) (County) (State): Baltimore City, Md.	
24. FUNERAL DIRECTOR: C. F. EVANS & SON, INC.	ADDRESS: 8802 Harford Rd	25a. REC'D BY REGISTRAR DATE: NOV 17 1972	25b. REGISTRAR'S SIGNATURE: Sidney M Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17054 17056

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be mailed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	FRANK / KOS
2a. DATE OF DEATH Month / Day / Year	11 / 17 / 72
2b. HOUR	11:25 AM
3. SEX	M
4. RACE	W
5. DATE OF BIRTH	5/28/89
6. AGE (In years last birthday)	83 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	POLAND
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	WIDOWED
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	ROSSVILLE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	FRANKLIN SQ
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	
12b. KIND OF BUSINESS OR INDUSTRY	COPPER + BRASS
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MD.
13b. COUNTY	BALTO.
13c. CITY OR TOWN	ESSEX
13d. INSIDE CITY LIMITS? YES / NO	NO
13e. STREET AND NUMBER	710 S. MARLYN AVE
14. FATHER'S NAME First / Middle / Last	UNK
15. MOTHER'S MAIDEN NAME First / Middle / Last	UNK
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	UNK
16b. SOCIAL SECURITY NO.	215-10-0795
17. INFORMANT Address	LOUIS KOS 479 BARRISON PT RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC ARREST	SUDDEN DEATH
DUE TO, OR AS A CONSEQUENCE OF (b)	ARTERIOSCLEROTIC HEART DISEASE	11 YRS
DUE TO, OR AS A CONSEQUENCE OF (c)		

4123

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		NO	

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from DEC. 12, 1960, to NOV 17, 1972, that (I) (we) last saw the deceased alive on AUG 2, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Joseph Miceli M.D.	DEGREE: ATTENDING PHYS. / MED. DIRECTOR / STAFF PHYS.	22c. DATE SIGNED: 11/17/72
22d. PHYSICIAN'S NAME (Type)	Joseph Miceli	22e. ADDRESS	108 S. Taylor Avenue ESSEX, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
BURIAL	11/21/72	OAK LAWN	BALTO. MD.	

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J.G. CONNELLY	300 MACE	NOV 22 1972	Audrey H. Norton

17055

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17057

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	GEORGE WALTER KRAUS	2a. DATE OF DEATH Month Day Year	NOVEMBER 10, 1972	2b. HOUR	M
3. SEX	MALE	4. RACE	CAUCASIAN	5. DATE OF BIRTH	SEPTEMBER 21, 1894
6. AGE (In years last birthday)	78 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	NEW YORK	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE Md.				
10. CITY OR TOWN OF DEATH	RANDALLSTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	BALTIMORE CO. GEN. HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	DAVISON CHEMICAL
12b. KIND OF BUSINESS OR INDUSTRY	CHEMICAL				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MARYLAND	13b. COUNTY	BALTIMORE	13c. CITY OR TOWN	BALTIMORE
13d. INSIDE CITY LIMITS? YES [ ] NO [X]		13e. STREET AND NUMBER	7329 Rockridge Rd. 21207		
14. FATHER'S NAME First / Middle / Last	Anton Kraus	15. MOTHER'S MAIDEN NAME First / Middle / Last	Katie (nee Walter)		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	NO	16b. SOCIAL SECURITY NO.	212-09-5778 A	17. INFORMANT Address	Mrs. Louise Krause 7329 Rockridge Rd. 21207

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MINUTES

DUE TO, OR AS A CONSEQUENCE OF (b) A S V C D — YEARS

DUE TO, OR AS A CONSEQUENCE OF (c) DIABETES — YEARS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 2509

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

ABDOMINAL ANEURYSM, LARGE, INOPERABLE

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 5, 1970, to NOV., 1972, that (I) (we) last saw the deceased alive on NOV. 7, 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE John Williamson II — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type) Edgar Williamson

22e. ADDRESS 5550 Baltimore National Pike

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	NOV. 14, 1972	Loudon Park Cemetery	Baltimore, Maryland	
24. FUNERAL DIRECTOR ADDRESS	LORING BYERS 8728 Liberty Road Randallstown, Md. 21133	25a. REC'D BY REGISTRAR DATE	NOV 15 1972	25b. REGISTRAR'S SIGNATURE Sidney M. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17056 — 17058

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 4 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: William	Middle: Leamont	Last: League	2a. DATE OF DEATH Month: 11 Day: 16 Year: 72	2b. HOUR: 8P M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 5-27-1897	6. AGE (In years last birthday): 75 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Mass.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): St. Joseph's Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Ins. Agent	12b. KIND OF BUSINESS OR INDUSTRY: Commbnwealth		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 1127 E. Belvedere Ave.	
14. FATHER'S NAME First: William	Middle	Last: League	15. MOTHER'S MAIDEN NAME First	Middle	Last: ?
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-07-8381	17. INFORMANT: Mrs. Nora Merrick League	Address: Same	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Enterocolitis Heart Dz — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 years
DUE TO, OR AS A CONSEQUENCE OF (b): old myocardial infarction — -
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 7-16-72, 19__, to 11-16-72, 1972, that (I) (we) last saw the deceased alive on 11-14-72 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Sol Smith	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/17/72
22d. PHYSICIAN'S NAME (Type): Sol Smith, M. D.	22e. ADDRESS: 6810 Park Heights Ave.	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-20-72	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery	23d. LOCATION (City or Town) (County) (State): Easton, Maryland	
24. FUNERAL DIRECTOR: Henry W. Jenkins Sons	ADDRESS: 4905 York Rd. Baltimore, Md. 21212	25a. REC'D BY REGISTRAR DATE: NOV 17 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH - 163/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17057 — 17059

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

	First	Middle	Last				
1. DECEASED-NAME (Type or print)	Morrill	W.	Leavitt	2a. DATE OF DEATH	Month: November	Day: 9,	Year: 1972
2b. HOUR	1:30 PM						

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	Nov. 5, 1910	62 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Iowa	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Randallstown	11 Sheraton Rd.	Salesman	Novelty

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md.	Balto.	Randallstown		11 Sheraton Rd.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Wm.	Henry	Leavitt	Calista	Maude	Morrill

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
Yes WWII	001-14-2467	Mrs. Frances Leavitt Randallstown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac arrest	Immed.
DUE TO, OR AS A CONSEQUENCE OF (b)	acute m. I infarction	Immediate
DUE TO, OR AS A CONSEQUENCE OF (c)	a.s.c.v.d.	6 yrs

4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Diabetes

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from [illegible], 1965, to 11/9, 1972, that (I) (we) last saw the deceased alive on [illegible] 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
[signature]		11/10/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
M. J. ELLIN	8629 LIBERTY RD, RANDALLSTOWN, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Nov. 11, 1972	Mt Olive	Randallstown Balto. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Luther H. Haight	Sykesville, Md.	NOV 14 1972	Sidney [illegible]

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17058 — 17060

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month / Day / Year
Rose		Legum	11 / 8 / 72

2b. HOUR: 10 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Female	white	9-13-98	74 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
BALTO. Md.	U.S.A.		BALTIMORE Co. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
RANDALLSTOWN	BCGH	HOUSEWIFE	AT HOME

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md		BALTIMORE	YES ☒ NO ☐	3332 CLARKS LA. 21215

14. FATHER'S NAME First / Middle / Last	15. MOTHER'S MAIDEN NAME First / Middle / Last
MORRIS WEINSTEIN	Rebecca Jacobs

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO	216-20-7762	MRS. SHIRLEY MOFFETT, 7609 CARLA ROAD #21208

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC ARREST
2000
DUE TO, OR AS A CONSEQUENCE OF
(b) RETICULUM CELL SARCOMA.
Conditians, if any, which gave rise to immediate cause (a), stoting the underlying couse last.
DUE TO, OR AS A CONSEQUENCE OF
(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, natity medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Manth Day Yeor 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.)

21d. INJURY OCCURRED While at wark ☐ Not while at wark ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) ottended the deceosed from 10-25, 1972 to 11-8, 1972, that (I) (we) last saw the deceased alive on 11/8/72 19___, and that in (my) (our) opinian death occurred an the date and haur and fram the couses stoted above, (I) (we) (did) (did hot) view the bady ofter death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED
Portuondo		11/8/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
PORTUONDO	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/9/72	SHAAREI ZION	ROSEDALE, MARYLAND

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD	NOV 14 1972	Sidney H Norton

1

FOR STATE HEALTH DEPT.

17059

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17061

1. DECEASED-NAME (Type or Print): First: Margret; Middle: M.; Last: Leonard

2a. DATE KNOWN OF DEATH / ESTIMATED: ✓ Month: 10 Day: 10 Year: 72

2b. HOUR: 16 M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 10 Nov 99

6. AGE (In years last birthday): 73 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN

2c. DATE PRONOUNCED DEAD: Month 11 Day 10 Year 1972

2d. HOUR: 6:55 P M

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Balto.

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 7900 Elmhurst Ave.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Operator

12b. KIND OF BUSINESS OR INDUSTRY: C & P Tele. Co.

13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: Md

13b. COUNTY: Balto

13c. CITY OR TOWN: Parkville

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: 7900 Elmhurst 21234

14. FATHER'S NAME: First: William Edward; Middle: Blakkner; Last:

15. MOTHER'S MAIDEN NAME: First: Anna; Middle:; Last: Downey.

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 212-05-1306

17. INFORMANT ADDRESS: Louise Evans (friend) same address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a): Suffocation - by plastic bag — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. 953X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Depression.

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?:

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year: HOUR A.M. P.M. Est 10 10 72

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.): Twist tied in plastic bag.

21d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.): Home

21f. LOCATION Street or R.F.D. No.: 7900 Elmhurst; City or Town: Balto 21234; County: ; State: Md

22a. I certify thot I taak charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my apinian deoth resulted from: Noturol causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John C. Hyle M.D.

EXAMINER'S NAME (Type): JOHN C. Hyle

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒

ADDRESS(Street, city, town, or county): 7527 Belair Rd

22b. DATE SIGNED: 11-10-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/14/72

23c. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

23d. LOCATION (City or Town) (County) (State): Balto. Md.

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

25a. REC'D BY REGISTRAR DATE: NOV 14 1972

25b. REGISTRAR'S SIGNATURE: Sidney Horton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M (VR A1SME (5))

Item 22a Film 453 11/24/72 mh

17060

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17062

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give reasons for delay in Item 22a. Pages 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-1. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month	Day	Year	2b. HOUR
James	Paul	Losgar	11	10	1972	10:30 A.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Male	White	June 25, 1946	26					11	10	19 72	10:30 A.M.

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Baltimore	Woods 1/4 mi. S. of Balto. Natl. Pike	Driver	Cab Co.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Baltimore	Baltimore	YES ☒ NO ☐	2000 blk. Harman

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Joseph		Losgar	Mantha		Boswell

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give year or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes	Viet Nam	102 36 4607	Linda Losgar (Wife) 2026 Harman Ave. 21230

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hanging	
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

9139

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	? 19	found hanging

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State
	Woods	1/4 mi. S. of 6900 blk. Balto. Natl. Pike, Baltimore, Balto., Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☒

ACTUAL SIGNATURE W. P. Mulloy M.D.

EXAMINER'S NAME (Type) William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 11-10-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Cremation	11/14/72	Baltimore National	Frederick Road Balto 21229

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Mc Cully F.H. 237 Patapsco Ave., Balto. 21225	NOV 15 1972	Sidney M. Norton

DHMH-17 1/71 10M
(VR A15ME (5))

1

17061

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17063

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Harry	Middle: James	Last: Luckert	2a. DATE OF DEATH Month: 11 Day: 21 Year: 72	2b. HOUR: 7:15 A M	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Oct. 23, 1898	6. AGE (In years last birthday): 71 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Perry Hall	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 4230 Chapel Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Investigator-Ret.	12b. KIND OF BUSINESS OR INDUSTRY: Of Balto. Credit Bureau			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Perry Hall	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 4230 Chapel Road		
14. FATHER'S NAME First: Jacob	Middle	Last: Luckert	15. MOTHER'S MAIDEN NAME First: Barbara	Middle	Last: Rebhan	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WWI	16b. SOCIAL SECURITY NO.: 216-05-0014	17. INFORMANT: Mrs. Margaret C. Luckert	Address: 4230 Chapel Rd. 21128		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	METASTATIC CARCINOMA of LIVER + LUNGS	15 months
DUE TO, OR AS A CONSEQUENCE OF	CARCINOMA OF SIGMOID	4 yrs 5 mos.
(b)	AURICULAR FIBRILLATION	10 years
DUE TO, OR AS A CONSEQUENCE OF	ARTERIOSCLEROTIC HEART Disease	18 years
(c)	HYPERTENSIVE HEART DISEASE	20 YEARS.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1533

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

DIABETES MELLITUS, SEVERE 4 years

X

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) [redacted] attended the deceased from 10/19, 1946, to 11/21, 1972, that (I) (we) last saw the deceased alive on Nov 16 1972 and that in (my) [redacted] opinion death occurred on the date and hour and from the causes stated above, (I) [redacted] (did not) view the body after death.

22b. SIGNATURE: John H. Hirschfeld M.D.	DEGREE: ATTENDING PHYS. [✓] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/21/72		
22d. PHYSICIAN'S NAME (Type): JOHN H. HIRSCHFELD M.D.	22e. ADDRESS: 6919 HARFORD Rd Baltimore 21234			

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/24/72	23c. NAME OF CEMETERY OR CREMATORY: Most Holy Redeemer Cem.	23d. LOCATION (City or Town) (County) (State): Baltimore Maryland	
24. FUNERAL DIRECTOR: Lassahn Funeral Home 7401 Belair Rd. Balto.	ADDRESS: 21236	25a. REC'D BY REGISTRAR DATE: NOV 24 1972	25b. REGISTRAR'S SIGNATURE: Audrey H. Norton	

DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

17062

17064

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: LYNDA (Malinda)	Middle: M.	Last: LUEBECK	2a. DATE OF DEATH: Month NOVEMBER Day 15 Year 1972		2b. HOUR: 8:24 P M
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: MAY 20, 1896	6. AGE (In years last birthday): 76 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: UNITED STATES	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 5927 FALKIRK RD. 21239		
14. FATHER'S NAME First / Middle / Last: Henry Schoenhals		15. MOTHER'S MAIDEN NAME First / Middle / Last: Matilda Tegeler				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 213-50-3592	17. INFORMANT Address: Mrs. Naomi Lombardo, 5927 Falkirk Rd.				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF (b): ASTERIOSCLEROTIC CEREBRAL VASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that X (this hospital) attended the deceased from November 9 72, to November 15 72 that X (we) last saw the deceased alive on Nov. 15 19 72, and that in XX (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: J Barzaga (X / XXXX)	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11/15/72	
22d. PHYSICIAN'S NAME (Type): I. BARZAGA	22e. ADDRESS: 7620 YORK ROAD, TOWSON, MD. 21204		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-18-72	23c. NAME OF CEMETERY OR CREMATORY: Parkwood	23d. LOCATION (City or Town) (County) (State): Baltol, Md.
24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, Inc., 5305 Harford Rd.		25a. REC'D BY REGISTRAR DATE: NOV 17 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Watson

DHMH-16 1/71-30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17063 — 17065

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	MARY (MARIE) C. LUKSIC
2a. DATE OF DEATH Month / Day / Year	11 / 24 / 72
2b. HOUR	9 P M
3. SEX	F
4. RACE	WHITE
5. DATE OF BIRTH	1/22/08
6. AGE (In years last birthday)	64 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Penna.
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	Towson BALTIMORE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	GBMC
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife
12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Penna.
13b. COUNTY	Northumberland Shamokin
13c. CITY OR TOWN	
13d. INSIDE CITY LIMITS? YES ☐ NO ☐	
13e. STREET AND NUMBER	1205 West Mulberry St.
14. FATHER'S NAME First / Middle / Last	Peter Mohorovic
15. MOTHER'S MAIDEN NAME First / Middle / Last	Mary Havertine
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	171-26-1325
17. INFORMANT	Son: Mr. Edward J. Luksic
Address	11404 Sowald Drive Kensington, Md. 20795

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIOGENIC SHOCK — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(b) CARDIAC ARREST

DUE TO, OR AS A CONSEQUENCE OF

(c) INTERIOR M.I.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner) UNDERLYING ☐ CAUSE OF DEATH ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 11/24, 19 72 to 11/24, 19 72, that (I) (we) last saw the deceased alive on 11/24 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type)	DR. FERNANDEZ	22e. ADDRESS: 6701 N. CHARLES ST.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-28-72	St. Edward's Cemetery	Shamokin, Northumberland, Penna.	
24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Duda Funeral Home,	7922 Wise Ave., Dundalk, Md.	NOV 28 1972		

1

FOR STATE HEALTH DEPT.

17064

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17066

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH ☒ ESTIMATED ☐ Month Day Year	2b. HOUR
ALAN	GERRY	LUNGA	11-5-72 19	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday) IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month Day Year	2d. HOUR
Male	White	May 24, 1950	22 YRS.	November 5, 19 72	0012M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
New York	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Middle River 21220	Bowleys Quarters &Goose Rds.	Laborer	Construction

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Baltimore	Middle River	YES ☐ NO ☒	Rt.15, Box 464-Burke Road

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
Augustine Lunga	Mildred Konecny

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
Yes 1968-70	216 52 5632	Augustine Lunga	Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple Injuries

> 8160

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
	2315 P.M. 11-4- 19 72	Driver of auto loss control

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State
	Street	Bowleys Quarters Rd. and Goose Harbor Rd. - Middle River - Baltimore, M.d.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Deputy M.D.

EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11/5/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/7/72	Oak Lawn Cemetery	Baltimore Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
James E. Bruzdzinski 1407 Eastern Ave.	NOV 8 1972	Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-T 7/71 10M
(VR A15ME (5))

17065

Item#4, Film G453 11/22/72 kam

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17067

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
LOUISA	E.	MALKUS	11 14 72	7:45 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
F	W// White	3/18/1890	82 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Md.	USA	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Essex	Franklin Square	Housewife	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Balt.	Balto.	YES [X] NO [ ]	5700 Emelia Ave.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Frederick	Fabig		Wilhelmina	Kruger	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
no		212-74-6371	Henry P. Malkus	same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4122

(b) Arteriosclerotic Cardiovascular Disease;

DUE TO, OR AS A CONSEQUENCE OF

(c) Hypertension

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
UNDERLYING [ ]		

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. I **certify** that (I) (this haspital) attended the deceased from 11-6, 19 72, to 11-14, 19 72, that (I) (we) last saw the deceased alive an 11-14 19 72 and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Dr. Das	M.D.	[ ]	[ ]	[X]	11-14-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Kanuru S. Das	9000 Franklin Square Drive

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/17/72	Parkwood	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck Inc. Balto. Md.	NOV 16 1972	Sidney L. Watson

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL ~~HYGIENE~~
CERTIFICATE OF DEATH

VKE 17066 — 17068

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
HELEN	M.	MALLY	11- 28- 72	8:13 A.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
FEMALE	CAUC.	6-12-20	52 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
W. VIRGINIA	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TOWSON	G.B.M.C. 6701 N. CHARLES ST.	Manicurist	Phyllis Beauty Salon

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.		BALTIMORE	YES ☐ NO ☒	3513 LYNDALE AVE. 21213

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
CARL	CICONE	(DEC)	Dora	Mancinelli	NA.

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	213-14-8434 XXXXXXXXX	G.B.M.C. ADMISSION SLIP

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARCINOMATOSIS	
DUE TO, OR AS A CONSEQUENCE OF (b)	CARCINOMA OVARY	
DUE TO, OR AS A CONSEQUENCE OF (c)		

1830

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11-20-72	CARCINOMATOSIS WITH INTESTINAL OBSTRUCTION	YES ☐ NO ☒	

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
UNDERLYING ☐		

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that ~~I~~ (this hospital) attended the deceased from 11-20-, 19 72, to 11-28- 19 72, that (I) ~~(we)~~ last saw the deceased alive on 11-23- 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
S. Padmalingam		☐	☐	☒	11-28-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
DR. S. PADMALINGAM	G.B.M.C. 6701 N. CHARLES ST. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	12/1/72	Gardens of Faith Cemetery	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc. 3331 Bfehms Lane, Balto. Md. 21213	DEC 5 1972	Sidney H. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mentol Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17067

17069

1. DECEASED-NAME (Type or print): First: Virginia; Middle: ; Last: Marshall

2a. DATE OF DEATH: Month: Nov. Day: 24 Year: 1972

2b. HOUR: 1:15 A M

3. SEX: female

4. RACE: black

5. DATE OF BIRTH: Feb. 21, 1890

6. AGE (In years last birthday): 82 YRS.

IF UNDER 1 YEAR: MONTHS: DAYS:

IF UNDER 24 HRS.: HOURS: MIN.:

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY?: U. S.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Catonsville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): SPRING GROVE STATE HOSP.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): farmer

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Harford

13c. CITY OR TOWN: Darlington

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: Route #1 Box 94

14. FATHER'S NAME First: Dennis Benjamin; Middle: ; Last:

15. MOTHER'S MAIDEN NAME First: Anna Maria; Middle: ; Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No

16b. SOCIAL SECURITY NO.: 219-54-3630-T

17. INFORMANT: Records: SPRING GROVE STATE HOSPITAL Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Toxemia - Decubitus ulcers — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months.

DUE TO, OR AS A CONSEQUENCE OF

(b): Chronic pyelonephritis — months.

DUE TO, OR AS A CONSEQUENCE OF

(c): Generalized arteriosclerosis — years.

Conditions, if ony, which gove rise to immediote couse (a), stating the underlying couse last.

4409

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Senile Dementia

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medicol examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify thot (this hospital) attended the deceosed from July 8, 1968, to 11-24, 1972, that (I) (we) last saw the deceased alive on 11-24- 1972, and that in (my) (our) opinion death occurred an the dote and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Suha Ozgun, M.D. DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]

22c. DATE SIGNED: 11-24-72

22d. PHYSICIAN'S NAME (Type): SUHA OZGUN

22e. ADDRESS: SPRING GROVE STATE HOSPITAL Catonsville, Maryland 21228

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 25, 1972

23c. NAME OF CEMETERY OR CREMATORY: Clarks Chapel

23d. LOCATION (City or Town) (County) (Stote): Kalmia Harford Md.

24. FUNERAL DIRECTOR: JOHN H. HARKINS

ADDRESS: Delta, Penna.

25a. REC'D BY REGISTRAR DATE: NOV 29 1972

25b. REGISTRAR'S SIGNATURE: Sidney M. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17068 — 17070

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR
Ida	E.	Martin	November 29, 1972	7:15A

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
Female	Cauc.	March 24, 1892	80 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Iowa	U.S.A.		Baltimore, Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
~~Bethervidle~~ LUTHERVILLE	~~406 Chapel Wood Lane~~ 406 CHAPEL WOOD LANE	Housewife	Own Home

13a. USUAL RESIDENCE (Where deceased lived, admission) STATE	13b. if institution: Residence before COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Missouri		Ravenwood		R. S. D. #1

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Edward		Miller	Carrie		Baumgardner

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	496-42-0975B	Price Funeral Home	Maryville, Missouri

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sudden death

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b) Ischemic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO, OR AS A CONSEQUENCE OF (c) Mitral insufficiency — 30 years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Atrial fibillation - 3 years

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING ☐ CAUSE OF DEATH UNDERLYING ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (~~this~~) attended the deceased from August 2, 1971, to Nov. 29, 1972, that (I) (we) last saw the deceased alive an November 14 19 72, and that in (my) (our) opinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Donald O. Wood M.D.	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	11-29-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
DONALD O. WOOD, M.D.	York Road and Greenmeadow Dr. Timonium, Maryland 21093

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	12-2-72	Oak Hill Cemetery	Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson, Inc. Towson, Md.	DEC 1 1972	Sidney H. Norton

VR A15 (4) 25m-1/70

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17069 — 17071

1. DECEASED-NAME (Type or print): First EVELYN; Middle H.; Last MASSER
2a. DATE OF DEATH: NOV. Month 3 Day 1972 Year
2b. HOUR: 4:30 A M
3. SEX: FEMALE
4. RACE: CAUCASIAN
5. DATE OF BIRTH: 03-11-17
6. AGE (In years last birthday): 55 YRS. IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): MD.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): GTR.BALTO.MED.CNTR.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: PA.
13b. COUNTY: FRANKLIN
13c. CITY OR TOWN: BLUE RIDGE SUMMIT
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: BOX 367
14. FATHER'S NAME First: Claude; Middle; Last: HOTTEL
15. MOTHER'S MAIDEN NAME First: NELLIE; Middle; Last: HAMMER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 214-09-4346
17. INFORMANT Address: G.B.M.C., ADMISSION FORM

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARDIORESPIRATORY FAILURE
DUE TO, OR AS A CONSEQUENCE OF (b): METASTATIC CA
DUE TO, OR AS A CONSEQUENCE OF (c): CA OF BREAST
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
1741
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 yr

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH [ ] OR CONTRIBUTING [ ] (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Manth Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Nat while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 10-14, 19 72, to 11-3, 19 72, that (I) (we) last saw the deceased alive on 11-3 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A. F. Nazemi M.D. DEGREE
ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: 11-3-72
22d. PHYSICIAN'S NAME (Type): A.F.NAZEMI, M.D.
22e. ADDRESS: 6701 N.CHARLES ST., TOWSON, MD. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/5/72
23c. NAME OF CEMETERY OR CREMATORY: Bethel
23d. LOCATION (City or Town) (County) (State): Lantz #1, Frederick Co., Md.
24. FUNERAL DIRECTOR: David Y. Grove
ADDRESS: Waynesboro Pa.
25a. REC'D BY REGISTRAR DATE: NOV 6 1972
25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17070 17072

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 24 hours after death.

VR A15 (4)
25m-1/70

1. DECEASED-NAME (Type or print)	First: Edward	Middle: J.	Lost: McCall	2a. DATE OF DEATH Month: 11 Day: 26 Year: 1972	2b. HOUR: 5:30 A M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Sept. 23, 1890	6. AGE (In years last birthday): 82 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Stoneleigh	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Holly Hill NursingHome	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Eng	12b. KIND OF BUSINESS OR INDUSTRY: Balto Gas & Electr		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: AA	13c. CITY OR TOWN: Severna Park	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 630 A. Laurel Rd	
14. FATHER'S NAME First: John	Middle	Lost: McCall	15. MOTHER'S MAIDEN NAME First: unknown	Middle	Lost: Wyatt
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212 05 6593	17. INFORMANT: Mrs. Lucille M. Butler	Address: same		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.
4124
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost.
DUE TO, OR AS A CONSEQUENCE OF (b): Emphysema — 10 yrs.
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ (If either, notify medicol examiner) UNDERLYING CAUSE OF DEATH ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. I certify that (I) (this hospital) attended the deceased from February, 1972, to Nov. 26, 1972, that (I) (we) last saw the deceased alive an Nov. 23, 1972, and that in (my) (our) opinian death occurred an the dote and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE: Lloyd E. Saylor MD — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: Nov. 27, 1972

22d. PHYSICIAN'S NAME (Type): Lloyd E. Saylor, M. D. — 22e. ADDRESS: 3902 Greenmount Avenue

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/29/72	23c. NAME OF CEMETERY OR CREMATORY: Mt. Maria	23d. LOCATION (City or Town) (County) (Stote): Towson Balto Md.

24. FUNERAL DIRECTOR ADDRESS: Mitchell Wiedefeld Home 6500 York Rd.	25a. REC'D BY REGISTRAR DATE: DEC 1 1972	25b. REGISTRAR'S SIGNATURE: Sidney [illegible]

1

FOR STATE HEALTH DEPT.

17071

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17073

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Jerome	Middle: Rivers	Last: McCall	2a. DATE KNOWN OF DEATH [X] ESTIMATED [ ] Month: 11 Day: 11 Year: 1972	2b. HOUR: 7:00 A.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 1-30-04	6. AGE (In years last birthday): 68 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: 11 Day: 11 Year: 19 72	2d. HOUR: 7:00 A.M.	
7a. BIRTHPLACE (State or foreign country): South Carolina	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Woodlawn	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 2051 Summit - Apt. H	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): ret.	12b. KIND OF BUSINESS OR INDUSTRY: So. Sec. Adm			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Woodlawn	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 2051 Summit - Apt. H		
14. FATHER'S NAME First Middle Last: Samuel McCall		15. MOTHER'S MAIDEN NAME First Middle Last: Margaret Scarborough				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 251-50-4586	17. INFORMANT: Grace S. McCall	ADDRESS: 2051 Summit, Apt. H Woodlawn, Baltimore, Md			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound of head — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
955X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [ ] NO [X]
21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.: 5:00xx 11 11 19 72	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.): shot self in head
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.): home	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: 2051 Summit-Apt.H Woodlawn, Baltimore, Md.

22a. **I certify** that I taak charge of the remains described abave, held an Autapsy [ ], Inspectian [X], Inquiry [ ], and in my apinian death resulted from: Natural causes [ ], Accident [ ], Suicide [X], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: WP Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 11-11-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 13,72	23c. NAME OF CEMETERY OR CREMATORY: Hopewell Presbyterian	23d. LOCATION (City or Town) (County) (State): Florence County, S. C.		
24. FUNERAL DIRECTOR: John T. Stanley	ADDRESS: 6411 Windsor Mill Rd.	25a. REC'D BY REGISTRAR DATE: NOV 20 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton		

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17072 — 17074

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: JOHN	Middle: EDWARD	Last: MC CALL	2a. DATE OF DEATH Month: 11	Day: 30	Year: 72	2b. HOUR: 2:50 a M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: AUG. 1, 1891	6. AGE (In years last birthday): 81 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): PA.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: ROSSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): FRANKLIN SQ.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO	13c. CITY OR TOWN: MIDDLE RIVER	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: 1 EVERLASTING LANE			
14. FATHER'S NAME First: UNK	Middle	Last	15. MOTHER'S MAIDEN NAME First: UNK	Middle	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 716-09-2038	17. INFORMANT: LILLIE McCALL	Address: ABOVE				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebellar and Brain Stem Infarction

DUE TO, OR AS A CONSEQUENCE OF

(b): Cerebral arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF

(c): Hypertensive Heart Disease

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 402Y

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. **I certify** that ☑ (this hospital) attended the deceased from 11/22, 19 72, to 11/30, 19 72, that ☑ (we) last saw the deceased alive on 11/30 19 72 and that in ☑ (our) opinion death occurred on the date and haur and from the causes stated above. ☑ (we) (did) ☐ (did not) view the body after death.

22b. SIGNATURE: L. Barai	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): Lalit K. Barai	22e. ADDRESS: 9000 Franklin Square Drive	

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: 12/2/72	23c. NAME OF CEMETERY OR CREMATORY: ARLINGTON	23d. LOCATION (City or Town): PHILA.	(County) (State): PA
24. FUNERAL DIRECTOR: Connelly Funeral Home	ADDRESS: 300 Main Ave.	25a. RECD BY REGISTRAR DATE: DEC 4 1972	25b. REGISTRAR'S SIGNATURE: Evelyn Horton	

DHMH - 16 3/72 25M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17073

17075

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Gerald	Middle: F.	Lost: McCloskey	Sr.
2o. DATE OF DEATH	Month: 11	Day: 16	Year: 72	2b. HOUR: 10:25 A
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 12-29-1898	6. AGE (In years last birthday): 73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7o. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): St. Joseph	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired C. & P. Tel.	12b. KIND OF BUSINESS OR INDUSTRY	
13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 2711 Hemlock Ave. 21214
14. FATHER'S NAME First: James	Middle: Edward	Lost: McCloskey	15. MOTHER'S MAIDEN NAME First: Mary	Middle: Ellen	Lost: Coffay
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-03-6744	17. INFORMANT: Gerald F. McCloskey	Address: 3210 Hamilton Ave.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Ruptured abdominal aortic aneurysm

DUE TO, OR AS A CONSEQUENCE OF

(b): Hypertensive arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF

(c):

4412

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

1

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

1

22a. I **certify** that (X) (this hospital) attended the deceased from 10-24, 19 72, to 11-16, 19 72, that (X) (we) last saw the deceased alive on 11-16 19 72, and that in (XX) (our) opinion death occurred on the date and hour and from the causes stated above, (X) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Florente P. Palomo md	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11-16-72	
22d. PHYSICIAN'S NAME (Type): Florecita Palomo, M.D.	22e. ADDRESS: 7620 York Rd. #21204		

23o. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/20/72	23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer	23d. LOCATION (City or Town): Balto. Md.	(County) (State)
24. FUNERAL DIRECTOR: Leona rd J. Ruck Inc.	ADDRESS: Balto. Md.	25o. REC'D BY REGISTRAR DATE: NOV 20 1972	25b. REGISTRAR'S SIGNATURE: Evangeline Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17074

CERTIFICATE OF DEATH

17076

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 2 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Margery	Middle: Agnes	Last: McComas	2a. DATE OF DEATH Month: November Day: 7 Year: 1972	2b. HOUR: 3:05 AM
3. SEX: Female	4. RACE: white	5. DATE OF BIRTH: 7-31-1888	6. AGE (In years last birthday): 84 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Lutherville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): College Manor Nursing Home	12a. USUAL OCCUPATION (Kind of wark dane during mast of working life, even if retired.): Home Maker	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Balto	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: 296 Bloomsbury Ave. 21228	
14. FATHER'S NAME First: William	Middle	Lost: McGuigan	15. MOTHER'S MAIDEN NAME First: Mabel	Middle	Lost: Brigg
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown): No (If yes give wor or dates of service)	16b. SOCIAL SECURITY NO.: 217-46-2975	17. INFORMANT: Dau. Address: Mrs Jean M. Brandt, 8205 Tyson Rd Ellicott City			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): ARTHROSCLEROTIC HEART DISEASE — 4123

DUE TO, OR AS A CONSEQUENCE OF (b):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: YEARS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natity medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While ot work ☐ Not while ot work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No. City or Town County Stote	

22a. I certify that (I) (~~He hospital~~) attended the deceased from 7 Nov, 1972, to 7 Nov, 1972, that (I) (~~saw~~) saw the deceased alive on ____ 19__, and that in (my) (~~our~~) opinion death occurred on the date and haur and from the couses stoted above, (I) (~~have viewed~~) (did not) view the body after death.

22b. SIGNATURE: J. Dixon Hills	MD	DEGREE	ATTENDING PHYS. ☑ TEMPORARY	MED. DIRECTOR ☐	STAFF PHYS. ☐
22c. DATE SIGNED: 7 Nov 72					
22d. PHYSICIAN'S NAME (Type): J. Dixon Hills	22e. ADDRESS: 3501 St. Paul Street, Baltimore, Md.				

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-10-1972	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Howard H. Hubbard	ADDRESS: 4107 Wilkens Ave. 21229	25a. REC'D BY REGISTRAR DATE: NOV 13 1972	25b. REGISTRAR'S SIGNATURE: Lindwyn Hoskins	

1

FOR STATE HEALTH DEPT.

17075

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17077

1. DECEASED-NAME (Type or Print)	First: Clara	Middle:	Last: McCormack	2a. DATE KNOWN OF DEATH ESTIMATED	Month: 11 Day: 17 Year: 19 72	2b. HOUR: 3:39 P.M.	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Jan. 9, 1907	6. AGE (In years last birthday): 65 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month: November Day: 17 Year: 19 72	2d. HOUR: 4:35 P.M.
7a. BIRTHPLACE (State or foreign country): Missouri	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Edgemere	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Penwood Trailer Park	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission.) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Edgemere	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Box 280A Rt. #10			
14. FATHER'S NAME First: Emil	Middle:	Last: Darchicourt	15. MOTHER'S MAIDEN NAME First:	Middle:	Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 215-24-4047	17. INFORMANT: Son: Mr. Edward J. McCormack	ADDRESS: 2412 Carolyne Ave. Balto. Md. 21219				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): HYPERTENSIVE HEART DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4.02X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: M.D.

EXAMINER'S NAME (Type): Melvin B. Davis M. D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): 6800 Mornington Rd. Dundalk, Md. 21222

22b. DATE SIGNED: 11/17/72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-20-72	23c. NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: John J. Duda,	ADDRESS: 7922 Wise Ave. Dundalk, Md.	25a. REC'D BY REGISTRAR: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 (VR A15M) (5)) 10M

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17076

17078

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-10 7/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: ANNE	Middle: M	Last: MC COURT	2a. DATE OF DEATH Month: 11	Day: 11	Year: 72	2b. HOUR: 2:50 AM
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 12-18-99	6. AGE (In years last birthday): 72 73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U S A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Contractor	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 2214 ERDMAN AVE			
14. FATHER'S NAME First: Augustine	Middle	Last: Hubbel	15. MOTHER'S MAIDEN NAME First: Mary	Middle	Last: Whitney		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-28-7932	17. INFORMANT Address: Mrs Bettie A Connolly 505 Hilltop Dr					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Respiratory insufficiency due to Pulmonary Atelectasis and edema,

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b) Terminal carcinoma of urinary bladder with generalized metastases.

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natity medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that ☒ (this hospital) attended the deceased from Nov. 4, 19 72, to Nov. 11, 19 72, that ☒ (we) last saw the deceased alive on Nov. 11 19 72, and that in ☒ (our) opinion death occurred on the date and hour and from the causes stated above, ☒ (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: Florecita P. Palomo md	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11-11-72		
22d. PHYSICIAN'S NAME (Type): Florecita P. Palomo M.D.	22e. ADDRESS: 7620 York Road Towson, Md. 21204			

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/14/72	23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Leonard J Ruck Inc. Baltimore, Md	ADDRESS	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Sidney Hinton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17077 — 17079

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	DELBERT / E. / MCCOY
2a. DATE OF DEATH Month / Day / Year	11 / 12 / 72
2b. HOUR	1:50 PM
3. SEX	M
4. RACE	W
5. DATE OF BIRTH	7/16/1919
6. AGE (In years last birthday)	53 YRS. (52)
IF UNDER 1 YEAR — MONTHS / DAYS	
IF UNDER 24 HRS. — HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	W. VA.
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	ROSSVILLE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	FRANKLIN SQ
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	
12b. KIND OF BUSINESS OR INDUSTRY	SCHOOL
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MD.
13b. COUNTY	BALTO
13c. CITY OR TOWN	ESSEX
13d. INSIDE CITY LIMITS? YES ☐ NO ☑	
13e. STREET AND NUMBER	39 DIHEDRAL DR.
14. FATHER'S NAME First / Middle / Last	WILLIARD / — / McCOY
15. MOTHER'S MAIDEN NAME First / Middle / Last	UNK
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	YES
(If yes give war or dates of service)	WW II
16b. SOCIAL SECURITY NO.	300 24 9713
17. INFORMANT Address	VIRGINIA McCOY ABOVE

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF

(b) MYOCARDIAL INFARCTION.

DUE TO, OR AS A CONSEQUENCE OF

(c) CORONARY ARTERIOSCLEROSIS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20a. AUTOPSY? YES ☒ NO ☐	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) — UNDERLYING ☐	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 10 - 30 -, 1972, to 11 - 12 -, 1972, that (I) (we) last saw the deceased alive on 11 - 12 - 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Rao
DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	
22c. DATE SIGNED	11/12/72
22d. PHYSICIAN'S NAME (Type)	SUNDARA RAO.
22e. ADDRESS	9000 FRANKLIN SQUARE DRIVE

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	11/16/72	MEADOWRIDGE	BALTO. MD.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
J. E. Connelly	300 MACE	NOV 16 1972	Lindsay H. Norton	

1

FOR STATE HEALTH DEPT.

17078

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17080

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR A15ME (5))

1. DECEASED-NAME (Type or Print)	First	Middle	Last	2a. DATE KNOWN OF DEATH ESTIMATED ☑	Month	Day	Year	2b. HOUR	
	RICHARD	DANIEL	McCULLOCH		11	10	1972	1	A.M.
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month	Day	Year	2d. HOUR
Male	White	12-26-26	45 YRS.			11	10	1972	6 A.M.

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Honey Grove, Pa	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
White Marsh - 20	9800 Pulaski Highway	Operator	Heavy Equipment

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Baltimore	White Marsh	YES ☐ NO ☒	9800 Pulaski Highway

14. FATHER'S NAME (First Middle Last)		15. MOTHER'S MAIDEN NAME (First Middle Last)	
Daniel	McCulloch	Goldie	Nickels

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes	12-1-45. 12-3-46.	211-18-3003	Leona McCulloch : Same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carbon Monoxide Poisonin — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
9520
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐
—	—	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
	1 (EST) 10/10 1972	Collision Jumped out into Car (runn)	
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	
	Home	9800 PULASKI HWY - White Marsh - Balto Co Balto Md	

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspectian ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE M.D. — M R Davis M.D.

EXAMINER'S NAME (Type) MELVIN B. DAVIS M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☑
DEPUTY MEDICAL EXAMINER ☑

22b. DATE SIGNED 11/11/72

ADDRESS (Street, city, town, or county) 6800 Mornington Rd Balto., 21222, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-14-72	Adams Cemetery	Mifflentown	Juniata Co., Pa.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Charles S. Zeiler, 901 S. Conkling St. Balto., 21224, Md.	NOV 16 1972	Sidney [illegible]	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17079 — 17081

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
VIRGINIA.	E	McDERMOT	11 28 72	10 33 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
FEMALE	WHITE	Oct 25-1885	87 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
BALTIMORE MD. USA	USA.		BALTIMORE COUNTY. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
COCKEYSVILLE	MD. MASONIC HOMES	HOUSE WORK.	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.	BALTO.	COCKEYSVILLE	YES ☒ NO ☐	1763. NORTHERN PARKWAY BALTO

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JAMES.	F	McDERMOT	EFFIE		BROWN.

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
	218-52-0598	RECORDS MD. MASONIC	HOMES.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Broncho-Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO, OR AS A CONSEQUENCE OF (b) Arteri-sclerotic Vas Heart Disease — 10 yrs

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last. 4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from Nov. 28, 1968, to Nov. 28, 1972, that (I) ~~(we)~~ last saw the deceased alive on Nov. 28 1972, and that in (my) ~~(our)~~ opinian death accurred on the date and haur and fram the causes stated abave, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Carl F. Benson	M D	☐	☒	☐	Nov. 28, 1972

22d. ~~PHYSICIAN'S~~ NAME (Type)	22e. ADDRESS
Carl F. Benson MD	5711 York Rd Ba Th. Md 21212

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	12-1-72	DRUID RIDGE CEMETERY	PIKESVILLE, MD.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm COOK-BROOKS TOWSON TOWSON, MD. 21204	DEC 1 1972	Sidney H Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17080 — 17082

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
ETHEL	L.	MCFARLAND	11	16	72	11:20 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
FEMALE	NEGRO	12-15-09	62 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
S.C.	U.S.A		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Baltimore	ST. JOSEPH	HOMEMAKER	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.		BALTO.	YES ☒ NO ☐	1039 REVERDY RD. 21212

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Grant Jordan			Minnie Owens		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
		Mrs. Arthrice Miller 1039 Reverdy Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Terminal carcinoma of pancreas with metastasis

DUE TO, OR AS A CONSEQUENCE OF

(b) Septicemia

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☒ NO ☐	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (this hospital) attended the deceased from 11-7, 1972, to 11-16, 1972, that (I) (we) last saw the deceased alive on 11-16 1972, and that (to my) (our) opinian death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
Florecita P. Paloma md					11-17-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Florecita P. Paloma, M.D.	7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-22-72		Marion, S.C.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm C March 928 E North Ave.	NOV 22 1972	Audrey H Norton

1

17081

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17083

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/72 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First: Sister	Middle: Winifred Patricia	Last: McHugh	2a. DATE OF DEATH Month: 11 Day: 7 Year: 72	2b. HOUR: 5:20 P.M.	
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 12/12/1893	6. AGE (In years last birthday): 78 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Ireland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Stevenson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Notre Dame Infirmary	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired	12b. KIND OF BUSINESS OR INDUSTRY: Religious		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Balt.	13c. CITY OR TOWN: Brooklandville	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: Valley Road	
14. FATHER'S NAME First: Patrick	Middle:	Last: McHugh	15. MOTHER'S MAIDEN NAME First: Winifred	Middle:	Last: Reilly
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: —	17. INFORMANT: Sister Bernard Marie	Address: Stevenson		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ~~Massive~~ Cerebral Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Nov 6, 72
DUE TO, OR AS A CONSEQUENCE OF
(b): Massive Cerebral Hemorrhage — Oct 17, 1972
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4319

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. **I certify** that (I) (this haspital) attended the deceased from ____, 19 60, to Nov 7, 19 72, that (I) (we) last saw the deceased alive on 11-6, 19 72, and that in ~~(my) (our)~~ opinion death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did ~~not~~) view the body after death.

22b. SIGNATURE: Harold H Burns	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11-9-72	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS: 8106 Harford Rd. Baltimore-MD 21234		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-9-72	23c. NAME OF CEMETERY OR CREMATORY: Trinity Convent Cemetery	23d. LOCATION (City or Town): Glenster (County): Howard (State): Md	
24. FUNERAL DIRECTOR: Foley Company	ADDRESS: Catonsville, Md.	25a. REC'D BY REGISTRAR DATE: NOV 10 1972	25b. REGISTRAR'S SIGNATURE: Lindsay H Norton	

Item 18 Film 454 12/8/72 mh

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17082

17084

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	WARREN	Middle G.	Last MC LELLAN
2a. DATE OF DEATH Month	11	Day 20	Year 72
2b. HOUR	9:39 P M		
3. SEX	MALE		
4. RACE	WHITE		
5. DATE OF BIRTH	~~MARCH~~ MARCH 14, 1915		
6. AGE (In years last birthday)	57 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	Baltimore, Md.	7b. CITIZEN OF WHAT COUNTRY?	UNITED STATES
8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		9. COUNTY OF DEATH	BALTIMORE COUNTY Md.
10. CITY OR TOWN OF DEATH	TOWSON, MD	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	ST. JOSEPH'S
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Prop.	12b. KIND OF BUSINESS OR INDUSTRY	McLellan Foods
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MD.	13b. COUNTY	
13c. CITY OR TOWN	BALTIMORE	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	
13e. STREET AND NUMBER	6210 BEECHWOOD RD.		
14. FATHER'S NAME First	Warren	Middle G.	Last McLellan
15. MOTHER'S MAIDEN NAME First	Susan	Middle Jones	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	no	(If yes give war or dates of service)	------
16b. SOCIAL SECURITY NO.		17. INFORMANT Address	Mrs. Lorrine E. McLellan 6210 Beechwood Rd. 39

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease — 20 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Pulmonary Emphysema

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ CAUSE OF DEATH / DR CONTRIBUTING ☐

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from ____, 19__, to 11/20, 19 72, that (I) (we) last saw the deceased alive on 11/20 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE — DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED 11/20/72

22d. PHYSICIAN'S NAME (Type) E. PAUL COFFAY, M.D.

22e. ADDRESS 7401 OSLER DRIVE-PROFESSIONAL BLDG

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11/24/72	Dulaney Valley Mem.	Balto. Co.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Mitchxll-Wiedefeld Home	6500 York Rd. 21212	NOV 27 1972	Sidney H. Norton	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17083 — 17085

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	H.	Middle Benton	Last Mecaslin, Jr.
2a. DATE OF DEATH Month / Day / Year	11 / 13 / 72	2b. HOUR	6 4 M
3. SEX	Male	4. RACE	White
5. DATE OF BIRTH	5/01/03	6. AGE (In years last birthday)	69 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]		9. COUNTY OF DEATH	Baltimore, Md.
10. CITY OR TOWN OF DEATH	Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	10 Coniston Road
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Engineer	12b. KIND OF BUSINESS OR INDUSTRY	Self Employed
13a. USUAL RESIDENCE (Where deceased lived, if institutiun: Residence before admission) STATE	Maryland	13b. COUNTY	Baltimore
13c. CITY OR TOWN	Towson	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	10 Coniston Road		
14. FATHER'S NAME First / Middle / Last	H. Benton Mecaslin, Sr.	15. MOTHER'S MAIDEN NAME First / Middle / Last	Lady Seal
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No	16b. SOCIAL SECURITY NO.	213-28-0711
17. INFORMANT / Address	Margaret E. Mecaslin		Same as #13

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

DUE TO, OR AS A CONSEQUENCE OF

(b) Coronary atherosclerosis — 4 years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I **certify** that (I) ~~(this hospital)~~ attended the deceased from 12/9, 1968, to 11/13, 1972, that (I) (we) last saw the deceased olive on Nov 14 19 72 and thot in (my) (aur) opinian deoth occurred an the date and hour ond from the causes stoted above, (I) ~~(we)~~ (did) (~~did not~~) view the body after deoth.

22b. SIGNATURE William F Fritz MD — DEGREE: ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED 11/13/72

22d. PHYSICIAN'S NAME (Type) William F. Fritz

22e. ADDRESS 2 West University Parkway 21218

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-15-72	Jessops Church Cemetery	Cockeysville, Balto., Md.	
24. FUNERAL DIRECTOR / ADDRESS		25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Wm. Cook-Brooks Towson, Inc. Towson, Md.		NOV 15 1972	Lidney Hinton	

VRA15 (4) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17084 17086

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First John; Middle W.; Last Mehling
2a. DATE OF DEATH: Month Nov. Day 28, Year 1972
2b. HOUR: 5:36 P.M.
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: 3-3-1887
6. AGE (In years last birthday): 85 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Balto. Md.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Towson Manor Care Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Ret'd. Credit Bureau of Balto
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Balto.
13c. CITY OR TOWN: Balto. 39
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 1312 Colbury Road 21239
14. FATHER'S NAME: First A. Middle Lost Mehling
15. MOTHER'S MAIDEN NAME: First Middle Lost Bauer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16b. SOCIAL SECURITY NO.: 216-05-0003A
17. INFORMANT: Mrs. Margaret M. Gunther Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 months
DUE TO, OR AS A CONSEQUENCE OF (b): Arterio sclerotic cardio vascular disease — 5 years
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (~~this hospital~~) attended the deceased from June 15, 19[illegible], to November, 1972, that (I) (~~we~~) last saw the deceased alive on 28 November 1972 and that in (my) (~~our~~) opinian death accurred on the date and haur and from the causes stated abave, (I) (~~we~~) (did) (~~did not~~) view the bady after death.

22b. SIGNATURE: Walter T. Kees DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 28 November 1972
22d. PHYSICIAN'S NAME (Type): Walter T. Kees M. D.
22e. ADDRESS: 8-10 Cedar Knoll Road Cockeysville

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-30-72
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge
23d. LOCATION (City or Town) (County) (Stote): Pikesville, Md.
24. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Road Balto., Md. 21212
25a. REC'D BY REGISTRAR DATE: NOV 29 1972
25b. REGISTRAR'S SIGNATURE: Lindsay A. Hopkins

DHMH - 163/72 25M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17085 17087

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Pages 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: MARGARET ~~W~~ ~~MEIER~~	Middle:	Last: Meier	2a. DATE OF DEATH Month: 11	Day: 11	Year: 72	2b. HOUR: 2:00 A M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: July 21, 1887	6. AGE (In years last birthday): 85 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Illinois	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.				
10. CITY OR TOWN OF DEATH: (ROSSVILLE) Baltimore (21237)	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Franklin Square Hospital	12a. USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.): Clerk	12b. KIND OF BUSINESS OR INDUSTRY: Department Store				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Harford	13c. CITY OR TOWN: Bel Air	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 1105 LEESwood Road			
14. FATHER'S NAME First: Nicholas	Middle:	Last: WAGNER	15. MOTHER'S MAIDEN NAME First: Barbara	Middle:	Last: Schopen		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): —	16b. SOCIAL SECURITY NO.: 338-16-1567	17. INFORMANT: Daughter 838-6351 Mrs. Myrtle Johnson	Address: 1105 LEESwood Road Bel Air, Maryland 21014			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PNEUMONIA	1 DAY
DUE TO, OR AS A CONSEQUENCE OF		
(b)	HYPOTENSION	
DUE TO, OR AS A CONSEQUENCE OF		
(c)	MYOCARDIAL INFARCTION	14 DAYS

4109
Conditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

PERIPHERAL AND CORONARY ARTERIOSCLEROSIS; PROLAPSED UTERUS

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒ XX	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 10/27, 19 72, to 11/11, 19 72, that (I) (we) last saw the deceased alive on 11/10, 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: William Reichel MD DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: XX 11/11/72	
22d. PHYSICIAN'S NAME (Type): DR. WILLIAM REICHEL M.D.	22e. ADDRESS: 9000 Franklin Square Drive, 21237		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 16, 1972	23c. NAME OF CEMETERY OR CREMATORY: Myrtle Hill Cemetery	23d. LOCATION (City or Town): Tampa,	(County)	(State): Florida
24. FUNERAL DIRECTOR: Joseph William Foster	ADDRESS: W. Broadway & Williams St. Bel Air, Maryland 21014	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton		

DHMH - 16 3/72 25M
(VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17086 — 17088

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25m-1/70

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR	
Otilia	E.	Meyer	November 3, 1972	12:40P.	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
Female	Cauc.	Feb. 7, 1894	78 YRS.		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH		
Pennsylvania	U.S.A.		Baltimore, Md.		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
Towson	Manor Care Towson	Housewife	Own Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER	
Maryland	Baltimore	Lutherville		1406 Tenbury Road	
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	Wolters		Wilhelmina	Unknown	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	
No			E. Lee & George I. Meyer	Same as #13	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Renal failure

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Diabetes mellitus
DUE TO, OR AS A CONSEQUENCE OF (c) Nephrosclerosis

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Hyperparathyroidism

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from June 26, 1972, to Nov. 3, 1972, that (I) (we) last saw the deceased alive on October 28 1972, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE				22c. DATE SIGNED
Donald O. Wood, M.D.		ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	11-6-72
22d. PHYSICIAN'S NAME (Type) Donald O. Wood, M.D.		22e. ADDRESS York Road and Greenmeadow Dr. Timonium, Maryland 21093			

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-6-72	Loudon Park Cemetery	Baltimore, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson, Inc. Towson, Md.	NOV 8 1972	Dwight Linton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17087 17089

1. DECEASED-NAME (Type or print): First AGNES Middle MYRLA Last MICHEL
2a. DATE OF DEATH: Month 11 Day 23 Year 72
2b. HOUR: 6:45A
3. SEX: FEMALE
4. RACE: CAUCASIAN
5. DATE OF BIRTH: 07/12/03
6. AGE (In years last birthday): 69 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): GREATER BALTO.MED.CENT
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOMEMAKER
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY:
13c. CITY OR TOWN: BALTO.
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 328 MURDOCK RD. 21212
14. FATHER'S NAME First JAMES Middle THOMAS Last O'BRIEN
15. MOTHER'S MAIDEN NAME First AGNES Mc MAHAN Middle Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.:
17. INFORMANT: ADMISSION SLIP Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL VASCULAR ACCIDENT
4310
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): INTRA CRANIAL HEMORRHAGE
DUE TO, OR AS A CONSEQUENCE OF (c): ASVD WITH HIGH BLOOD PRESSURE
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CHRONIC PYELONEPHRITIS & UREMIA

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (X) (this hospital) attended the deceased from 11/19, 1972, to 11/23, 1972, that (I) (we) (X) last saw the deceased alive on 11/23, 1972, and that in (my) (our) (X) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) (X) view the body after death.

22b. SIGNATURE: [signature] M.D.
DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: 11/23/72
22d. PHYSICIAN'S NAME (Type):
22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): ENTOMBMENT
23b. DATE: 11/25/72
23c. NAME OF CEMETERY OR CREMATORY: DULANEY VALLEY MEM. BALTO. Co.
23d. LOCATION (City or Town) (County) (State):
24. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME ADDRESS 6500 YORK RD. 21212
25a. RECEIVED BY REGISTRAR DATE: NOV 29 1972
25b. REGISTRAR'S SIGNATURE: [signature]

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71-30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17088 — 17090

1. DECEASED-NAME (Type or print): First: Baby girl; Middle: ; Last: Migliore
2a. DATE OF DEATH: Month: 11; Day: 21; Year: 72
2b. HOUR: 9:05 A M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 11-21-72
6. AGE (In years last birthday): YRS.; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN 40
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): St. Joseph
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): None
12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore
13c. CITY OR TOWN: Perry Hall
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 9826 Forge Park Rd. 21128
14. FATHER'S NAME First: Rosario; Middle: ; Last: Migliore
15. MOTHER'S MAIDEN NAME First: Patricia; Middle: ; Last: Porter
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Howard Porter 9310 Snyder Lane Perry Hall 21128

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Immaturity
777X
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Manth Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Nat while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that ☒ (this hospitol) attended the deceased from 11-21, 19 72, to 11-21, 19 72, that ☒ (we) last saw the deceosed olive on 11-21 19 72, and thot in ~~(my)~~ (our) opinion deoth occurred on the date and hour and fram the couses stated abave, ☒ (we) (did) ~~(did not)~~ view the body ofter deoth.

22b. SIGNATURE: Anthony F. DiPaula DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11-22-72
22d. PHYSICIAN'S NAME (Type): Anthony F. DiPaula M.D.
22e. ADDRESS: 7620 York Rd., Balto., Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/24/72
23c. NAME OF CEMETERY OR CREMATORY: Gardens Of Faith Cemetery
23d. LOCATION (City or Town) (County) (State): Overlea Balto. Md.
24. FUNERAL DIRECTOR: Lassahn Funeral Home 7401 Belair Rd. Balto. Md. ADDRESS 21236
25a. REC'D BY REGISTRAR DATE: NOV 24 1972
25b. REGISTRAR'S SIGNATURE: Sidney H Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M (VR A15 (4))

1

17089

Item#13, Film G455 12/20/72 kam

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17091

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year
AMELIA	L.	MONROE	11 30 72

2b. HOUR: P 9:15 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
F	CAU	1/6/92	80 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
MARYLAND	USA		BALTO. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
BALTO	GBMC	HOMEMAKER	OWN HOME

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.	BALTO.	Balto. City	YES ☒ NO ☐	135 Dumbarton Rd. MANOR CARE, CHARLES ST.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
[illegible]		PFEIFFER			

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO			(ADMISSION SLIP) J.S. WATERMAN & SONS	Boston, Mass.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIOPULMONARY ARREST	
DUE TO, OR AS A CONSEQUENCE OF		
(b)	CONGESTIVE HEART FAILURE	
DUE TO, OR AS A CONSEQUENCE OF		
(c)	ATHEROCLERATIC CARDIOVASCULAR DISEASE	

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner)	UNDERLYING ☐ CAUSE OF DEATH ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 11/30, 19 72 to 11/30, 19 72, that (I) (we) last saw the deceased alive on 11/30 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
A. F. Dietz Jr. M.D.		☐	☐	☒	11/30/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
DR. DIETZ	6701 N. CHARLES ST.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Rem. Burial	12-5-72	Mt. Hope Cemetery	Boston, Mass.

24. FUNERAL DIRECTOR ADDRESS	25a. RECD. BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Henry W. Jenkins Sons 4905 York Rd. Baltimore, Md. 21212	DEC 1 1972	Lenington

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17090 | 17092

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Marion	Middle: (MALONEY)	Last: MORGAN	2a. DATE OF DEATH Month: 11	Day: 15	Year: 72	2b. HOUR: 9:55 P
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 9-22-06	6. AGE (In years last birthday): 66 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): CONNECTICUT	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Balto. Md.				
10. CITY OR TOWN OF DEATH: RANDALLSTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto Co Gen Hos	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSE WIFE	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Balto	13c. CITY OR TOWN: RANDALLSTOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Apt ~~#~~ #203 3503 Foxcliffe Crt,			
14. FATHER'S NAME First Middle Last: ALOYSIUS P. MALONEY		15. MOTHER'S MAIDEN NAME First Middle Last: LILLIAN MALONEY (UNKNOWN)					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-34-2033	17. INFORMANT: MR. HOWARD W. MORGAN	Address: 8438 ALLENSWOOD RD. RANDALLSTOWN 21133				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CARDIAC ARRHYTHMIAS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

DUE TO, OR AS A CONSEQUENCE OF (b): ACUTE pulmonary edema

DUE TO, OR AS A CONSEQUENCE OF (c): myocardial infarction

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 11-3, 19 72, to 11-15, 19 72, that (I) (we) last saw the deceased alive on 11-15 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Ephraim Barzaga — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒		22c. DATE SIGNED: 11-15-72
22d. PHYSICIAN'S NAME (Type): EPHRAIM BARZAGA	22e. ADDRESS: BALTO. COUNTY GEN. HOSPITAL	

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/18/72	23c. NAME OF CEMETERY OR CREMATORY: LAKE VIEW MEMORIAL PARK	23d. LOCATION (City or Town) (County) (State): LIBERTY RD. CARROLL CO. MD.	
24. FUNERAL DIRECTOR ADDRESS: LORING BYERS FUNERAL DIRECTORS P.A. 8728 LIBERTY RD. RANDALLSTOWN, MD. 21133		25a. REC'D BY REGISTRAR DATE: NOV 21 1972	25b. REGISTRAR'S SIGNATURE: Sidney M Norton	

DHMH-16 1/71 30M (VR A15 (4))

17090

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

17091 | 17093

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Edna	Middle: a.	Last: Morrissey	2a. DATE OF DEATH Month: Nov	Day: 4	Year: 1972
2b. HOUR: 9 3c A M						
3. SEX: Female	4. RACE: white	5. DATE OF BIRTH: 9-11-1891 (9 ~~11~~ 1891)	6. AGE (In years last birthday): 81 ~~8~~ YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Balto., Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Towson Md	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Manor Care Towson 509 E Joppa Rd 21204	12a. USUAL OCCUPATION (Kind of wark dane during mast of warking life, even if retired.): Never employed	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 3215 N Charles St 21218		
14. FATHER'S NAME First: Ernest	Middle: A.	Last: Betsworth	15. MOTHER'S MAIDEN NAME First: Ann	Middle:	Last: Grape	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: D 161-01-0649	17. INFORMANT: Attorney:	Address: John P. Paca, 106 St. Paul St. 21202			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Heart Failure - 3 days	3 days
DUE TO, OR AS A CONSEQUENCE OF (b)	ASCVD 10 yrs.	10 years
DUE TO, OR AS A CONSEQUENCE OF (c)		

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

—

19a. DATE OF OPERATION: —	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 5-9-, 19 71, to 11-4, 19 72, that (I) (~~we~~) last saw the deceased alive on ____, 19 ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Walter Kees	DEGREE: ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED: 11-4-72	
22d. PHYSICIAN'S NAME (Type): Walter Kees	22e. ADDRESS:				

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/7/72	23c. NAME OF CEMETERY OR CREMATORY: Green Mount Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Md.	
24. FUNERAL DIRECTOR: STEWART & MOWEN CO.	ADDRESS: 108 W. North Ave. 21201	25a. REC'D BY REGISTRAR DATE: NOV 8 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Sonton	

4 1

FOR STATE HEALTH DEPT.

17092

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17094

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medicol Examiner's Office along with form PM3 Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR A15ME (5))

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH ESTIMATED	Month	Day	Year	2b. HOUR
Anna	Cecelia	Murphy	XX	11	24	1972	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
female	White	Nov. 12, 1907	65 YRS.					11	24	1972	2:00 M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH
Maryland	USA		Balto. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Baltimore	31 Bishops Lane	Housewife	Home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Balto.	Balto.	YES NO X	31 Bishops Lane

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
Andrew Schatz	Margaret Stump

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	214-44-8977	Edward G. Murphy Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Stabwound of neck	
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

SCCX

Conditions, if ony, which gove rise to immediote cause (a), stoting the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES XX NO

21a. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Yeor HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
	unk 11/23 1972	Subject was stabbed by unknown assailant.

21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote
	HOME	31 Bishops Lane Balto. Balto. Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐, and in my opinian death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide XX, Undetermined manner ☐

ACTUAL SIGNATURE _____ M.D.

EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER XX
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11/25/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-28-72	New Cathedral	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Edw. S. MacNabb Sons, Inc. 301 Frederick Rd. Catonsville, Md.	DEC 4 1972	Sidney H. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17093 | 17095

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year
SYLVESTER	M.	MYERS	11 28 72

2b. HOUR: 1:40 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
M	NEGRO	SEPT. 7 1919	53 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ■ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Balti-co	U.S.A		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Rosedale	Franklin Square		CONST.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Laurel Md	Laurel MD	BALTIMORE	YES ☐ NO ☒	R.F.D

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JOHN		MYERS	U		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO		585-29-0792	Mattie Olean MYERS	Laurel Md

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Massive Gastro-Intestinal Hemorrhage	
DUE TO, OR AS A CONSEQUENCE OF (b)	Secondary to Gastric Ulcer Complicating Bronchogenic Carcinoma	
DUE TO, OR AS A CONSEQUENCE OF (c)	with carcinomatosis	

5310

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☒ NO ☐	

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 11/14, 19 72 to 11/28, 19 72, that (I) (we) last saw the deceased alive an 11/28 19 72, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) ~~(did not)~~ view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
S. V. Raikar		☐	☐	☒	

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Sudhir V. Raikar	9000 Franklin Square Drive

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	12/2/72	Asbury C.H. Cem.	Laurel Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
George W. Tittle	Bel Air Md	DEC 5 1972	Sidney H. Norton

DHMH - 16 3/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17094 17096

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: ANNA	Middle: MARIE	Last: (Nemec) NEMIC	2a. DATE OF DEATH Month: 11 Day: 19 Year: 72	2b. HOUR: A 1:15 M
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 11/16/91	6. AGE (In years last birthday): 81 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): housewife	12b. KIND OF BUSINESS OR INDUSTRY: at home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 1732 GLEN RIDGE RD. 21234	
14. FATHER'S NAME First / Middle / Last: Wenceslaus Dolivka		15. MOTHER'S MAIDEN NAME First / Middle / Last: Anna Drasal			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-74-2417	17. INFORMANT Address: Frank Nemic (son) same address			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Complete atelectasis left lung
228X
DUE TO, OR AS A CONSEQUENCE OF (b): Obliteration of the left hemithorax by tumor,
DUE TO, OR AS A CONSEQUENCE OF (c): probably mesothelioma.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (X) (this hospital) attended the deceased from 11/17, 19 72, to 11/19, 19 72, that (X) (we) last saw the deceased alive on 11/19 19 72, and that in (~~no~~) (our) opinion death occurred an the date and hour and from the causes stated above, (X) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Henry S. Crist, M.D. DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: 11-19-72
22d. PHYSICIAN'S NAME (Type): Henry S. Crist, M.D.
22e. ADDRESS: 7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/22/72	23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery	23d. LOCATION (City or Town) (County) (State): Balto. Md.	
24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213	25a. REC'D BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton		

DHMH-16 1/71 30M (VR A15 (4))

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17095 17097

1. DECEASED-NAME (Type or print): First HERBERT Middle EDWARD Lost NEVINS
2a. DATE OF DEATH: 11 Month 23 Day 72 Year
2b. HOUR: 8:15PM
3. SEX: MALE
4. RACE: CAU
5. DATE OF BIRTH: 10-18 51
6. AGE (In years last birthday): 21 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): MD.
7b. CITIZEN OF WHAT COUNTRY?: U,S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: BALTO
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): GBMC, 6701 N. CHARLES ST
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived before admission) STATE: MD
13b. COUNTY: BALTO
13c. CITY OR TOWN: BALTO
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 3409½ JOPPA RD, BALTO 21234
14. FATHER'S NAME First GEORGE Middle EDWARD Lost NEVINS
15. MOTHER'S MAIDEN NAME First HARTLOVE Middle THOMAS Lost MARIE NEVINS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 213 58 2785
17. INFORMANT: family Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CHF DUE TO MALIGNANT HYPERTENSION
0092
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): CHRONIC RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF (c): POLYENTERITIS
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I **certify** thot (I) (this hospitol) attended the deceased from 7/19, 19 72, to 11/23, 19 72, that (I) (we) last saw the deceased alive an 11/23 19 72, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after deoth. (DR. WERNER ITZEL, MD)

22b. SIGNATURE: Frederick Bauer M.D. DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11-23-72
22d. PHYSICIAN'S NAME (Type): DR FREDERICK BAUER, M.D.
22e. ADDRESS: 6701 N. CHARLES ST., BALTO., MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/27/72
23c. NAME OF CEMETERY OR CREMATORY: Parkwood
23d. LOCATION (City or Town) (County) (Stote): Balto. County, Md.
24. FUNERAL DIRECTOR: C. F. EVANS & SON ADDRESS: 8802 Harford Rd.
25a. REC'D BY REGISTRAR DATE: NOV 27 1972
25b. REGISTRAR'S SIGNATURE: Sidney G. Norton

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17096 17098

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 25m-1/70

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month	Day	Year	2b. HOUR	
FRANK	Harvey	NEWELL JR.	Nov.	13	1972	3:35 P.M.	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS.: HOURS	MIN.
MALE	WHITE	December 24, 1902	69 YRS.				
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH				
Maryland	U.S.A.		BALTIMORE Md.				
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY				
TOWSON	St. Josephs Hospital	Funeral Director	Funeral				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER			
Maryland	Baltimore	Towson		1100 Reisterstown Road			
14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost		
FRANK	H.	NEWELL SR.	MARY		SWINNEY		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address				
~~yes~~ WW I	215-01-0057	Daniel L. Newell	1100 Reisterstown Rd. ~~Pikesville, Maryland~~				

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	1 hr
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic Heart Dis	1 year
DUE TO, OR AS A CONSEQUENCE OF (c)		

4109 Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITIDN FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. **I certify** that (I) (this haspital) attended the deceased from June 10, 19 22, to Nov 13, 19 72, that (I) (we) last saw the deceased alive an Nov 10 1972 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Leonard Wallenstein					11/15/72
22d. PHYSICIAN'S NAME (Type) LW ALLENSTEIN		22e. ADDRESS 711 W 40th St			

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Burial	Nov. 16, 1972	Druid Ridge Cemetery	Pikesville, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
NEWELL FUNERAL HOME 1100 Reisterstown Rd. Pikesville, Maryland	NOV 20 1972	Sidney Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17097 — 17099

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 4/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	CATHERINE ELIZABETH NICKEL
2a. DATE OF DEATH Month Day Year	11 08 72
2b. HOUR	1:10 AM
3. SEX	FEMALE
4. RACE	WHITE
5. DATE OF BIRTH	10/05/07
6. AGE (In years last birthday)	65 YRS. (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.)
7a. BIRTHPLACE (State or foreign country)	MARYLAND
7b. CITIZEN OF WHAT COUNTRY?	UNITED STATES
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	Baltimore
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	ST. JOSEPH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	HOMEMAKER
12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MARYLAND
13b. COUNTY	BALTIMORE
13c. CITY OR TOWN	
13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	1000 LAKESIDE DR. 21210
14. FATHER'S NAME First / Middle / Last	Peter Weredycki
15. MOTHER'S MAIDEN NAME First / Middle / Last	Eva
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	214-40-5729B
17. INFORMANT Address	Mr. George L. Nickel -1000 Lakeside Dr.-21210

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary atelectasis.

DUE TO, OR AS A CONSEQUENCE OF

(b) Leukemia.

DUE TO, OR AS A CONSEQUENCE OF

(c) Possible septicemia

Conditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. 2079

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Nat while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 11-3, 1972, to 11-8, 1972, thot (I) (we) lost saw the deceased alive an 11-8 1972, and that in (my) (our) opinian death accurred on the date and haur and from the couses stoted above, (I) (we) (did) (did not) view the body ofter deoth.

22b. SIGNATURE	Florecita P. Palomo md	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11-8-72
22d. PHYSICIAN'S NAME (Type)	Florecita P. Palomo, M.D.	22e. ADDRESS	7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-11-72	Oak Lawn Cemetery	Balto. Md.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
John C. Miller Inc	6415 Belair Rd.-21206	NOV 13 1972	Sidney H Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17098 — 17100

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First: HAZEL	Middle: ERMINE	Last: NINGARD	2a. DATE OF DEATH Month: 11 Day: 12 Year: 72	2b. HOUR: 8:00 A M
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: 7-20-91	6. AGE (In years last birthday): 81 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Manor Care N.H.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Balto	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 707 Stone Barn Rd.
14. FATHER'S NAME First: John	Middle: T.	Last: Bramble	15. MOTHER'S MAIDEN NAME First: Alice	Middle: Van	Last: Newkirk
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-07-2908	17. INFORMANT: Mrs. M. Magill	Address: 707 Stone Barn Rd.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac arrest	Sudden
DUE TO, OR AS A CONSEQUENCE OF (b)	Coronary artery disease	10 yrs.
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerosis	10 yrs. plus

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH UNDERLYING ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from Apr. 1935, to Nov. 12, 1972, that (I) ~~(we)~~ lost saw the deceased olive an Oct. 6, 1972 19___, and that in (my) ~~(our)~~ apinian deoth occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robt. B. Wright — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: Nov. 13, 1972

22d. PHYSICIAN'S NAME (Type): Robert B. Wright, M.D. — 22e. ADDRESS: Medical Arts Bldg.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-15-72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Pk.	23d. LOCATION (City or Town) (County) (State): Balto., Md.	
24. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.	ADDRESS: 5305 Harford Rd.	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Carolyn Horton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17099 17101

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
ROBERT	S.	OGELSBY	11 1 72	12:35 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
M	W	8-15-1907	65 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
PA. HARRISBURG,	USA	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ESSEX	HOSPITAL FRANKLIN SQUARE	RET'D TRACTOR OPR. BETHLEHAM	STEEL

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.	BALTO.	Dundalk	YES ☐ NO ☒	21222 1 FRIENDSHIP COURT

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
BOYD	M.	OGELSBY	ELMIRA		STEUART

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO		212-03-2032	MR. BOYD M. OGELSBY	3820 BANK STREET 21224

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ARTERY THROMBOSIS

DUE TO, OR AS A CONSEQUENCE OF (b) INFARCTION OF SMALL INTESTINE DUE TO MESENTERIC

DUE TO, OR AS A CONSEQUENCE OF (c) CONGESTIVE HEART FAILURE

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

SEVERE ARTERIOSCLEROTIC HEART DISEASE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☒ NO ☐	

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that ~~I~~ (this hospital) attended the deceased from 10 - 5 -, 19 72, to 11 - 1, 19 72, that ~~I~~ (we) last saw the deceased alive on 11 - 1 - 19 72, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Perlita P. Ilem		☐	☐	☒	11 - 1 - 72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
PERLITA P. ILEM, M.D.	9000 FRANKLIN SQUARE DRIVE

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11-3-72	DRUID RIDGE	PIKESVILLE, MD.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
H. W. JENKINS & SONS CO. 4905 YORK ROAD BALTO., MD. 21212	NOV 2 1972	Sidney H. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be forwarded to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH - 16 3/72 25M (VR A15 (4))

17100

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17102

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Barbara	A.	Opava	11	29	72	4.25 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
female	Cau	7/8/85	87 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Czech.	U.S.A.		Balto. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Baltimore County	Home Perring Parkway Nursing	housewife	at home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md.		Balto.		3311 Chesley Ave.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Matthew Lehecka			Anna Vitek		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
no	217-30-5391-D	Beatrice Smith (dghtr)	same address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ORGANIC BRAIN damage. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO, OR AS A CONSEQUENCE OF (b) Cere BRA Arteriosclerosis — 4 YEARS

DUE TO, OR AS A CONSEQUENCE OF (c) GENERA ARTERIOSCLEROSIS — YEARS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4379

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 11/1/72, 19__, to 11/29/72, 19__, that (I) (we) last saw the deceased alive on 11/29/72, 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☒	STAFF PHYS. ☐	22c. DATE SIGNED
Anthony F Carozza					12-1-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ANTHONY F CAROZZA	527 York Rd Balto Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	12/2/72	Bohemian Nat'l Cemetery	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213	DEC 5 1972	Sidney H Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17101 — Item#7b, Film G45h 12/1/72 kam — 17103

1. DECEASED-NAME (Type or print): First MICHELINA Middle M. Last PACIFICI
2a. DATE OF DEATH: Month 11 Day 20 Year 72
2b. HOUR: M
3. SEX: FEMALE
4. RACE: CAUCASIAN
5. DATE OF BIRTH: 2/22/02
6. AGE (In years last birthday): 70 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): ITALY
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: BALTIMORE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): GBMC
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSE WIFE
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY:
13c. CITY OR TOWN: BALTIMORE
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 212 N. MILTON AVE.
14. FATHER'S NAME First PHILIPP Middle Last D'ADAMO
15. MOTHER'S MAIDEN NAME First ELIZABETH Middle Last UNKNOWN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 220-12-5180D
17. INFORMANT: BETTY GREENSFELDER Address: 1247 Gittings AVE. ADMISSION SLIP

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrevascula accident
DUE TO, OR AS A CONSEQUENCE OF
(b): ASCVD
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH ☐ OR CONTRIBUTING ☐ (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 11/15, 1972, to 11/20, 1972, that (I) (we) last saw the deceased alive on 11/20 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Werner Itzel DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type) DR. Werner Itzel
22e. ADDRESS 6701 N. Charles St.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-24-72
23c. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
23d. LOCATION (City or Town) (County) (State): BALTIMORE Md.
24. FUNERAL DIRECTOR ADDRESS: John M. WEBER + SON'S INC. 401 S. CHESTER ST.
25a. REC'D BY REGISTRAR DATE: NOV 22 1972
25b. REGISTRAR'S SIGNATURE: Sidney M. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

OHMH-16 1/71 30M (VR A15 (4))

X3 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17102

CERTIFICATE OF DEATH

17104

1. DECEASED-NAME (Type or print)	First: GEORGE	Middle: Joseph	Last: PAPIN	2a. DATE OF DEATH Month: NOV Day: 5 Year: 1972	2b. HOUR: 3:30 AM	
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: March 26, 1900	6. AGE (In years last birthday): 72 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Michigan	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 258 Ridge Ave.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Owner	12b. KIND OF BUSINESS OR INDUSTRY: Sporting			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 258 Ridge Ave.		
14. FATHER'S NAME First: Theofile	Middle	Last: Papin	15. MOTHER'S MAIDEN NAME First: Margaret	Middle	Last: La Belle	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes give war or dates of service): WWI Navy	16b. SOCIAL SECURITY NO.: 192-03-0577	17. INFORMANT: Mrs. Elizabeth W. Papin	Address: Same as # 13 E			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	HEPATIC FAILURE & COMA	2 DAYS
DUE TO, OR AS A CONSEQUENCE OF (b)	CARCINOMATOSIS	1 YEAR
DUE TO, OR AS A CONSEQUENCE OF (c)	CARCINOMA OF COLON	2 YEARS

1538
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIABETES MELLITUS

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 7/24, 1952, to 11/5, 1972, that (I) (~~we~~) last saw the deceased alive on 11/4 1972, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Donald L. Somerville, M.D.		[✓]	[ ]	[ ]	11/5/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
DONALD L. SOMERVILLE, M.D	26 W. PA. AVE. TOWSON, MD 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
BURIAL	Nov. 10, 1972	Mount Calvary Cemetery	Grand Rapids		Michigan

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson, Inc.	1050 York Road Towson, Md. 21204	NOV 8 1972	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17103 — 17105

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Pauline	Middle: Mary	Last: Parker	2a. DATE OF DEATH: Month 11 Day 24 Year 72	2b. HOUR: 1:55 AM
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 10/25/1898	6. AGE (In years last birthday): 74 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA -	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Perry Hall	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 5201 Bush St.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): housewife	12b. KIND OF BUSINESS OR INDUSTRY: at home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Perry Hall	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 5201 Bush St.	
14. FATHER'S NAME First Middle Last: John Suhre		15. MOTHER'S MAIDEN NAME First Middle Last: Sophie Deurling			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: Geo. Carman (son-in-law) same address			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebro-vascular accident	2 days
DUE TO, OR AS A CONSEQUENCE OF (b)	arteriosclerosis	years
DUE TO, OR AS A CONSEQUENCE OF (c)	diabetes mellitus	21 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

2509

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 11/22, 1972, to 11/24, 1972, that (I) ~~(we)~~ last saw the deceased alive on 11/22 1972, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Phyllis K. Pullen M.D.		☑	☐	☐	11/24/72

22d. PHYSICIAN'S NAME (Type) Box 381 Rt. 1 Kingsville, Md. 21087 — 22e. ADDRESS (Phyllis K. Pullen)

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/27/72	Moreland Mem. Park	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, 9705 Belair Rd. Perry Hall, Md.	NOV 27 1972	Elizabeth Hoffman

VR AIS 141 45M - 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17104

CERTIFICATE OF DEATH

17106

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: WILLIAM	Middle: B.	Last: PARKS	2a. DATE OF DEATH Month: November Day: 19 Year: 1972
2b. HOUR: M			
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: April 18, 1895	6. AGE (In years last birthday): 77 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: Cockeysville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): York and Glencoe Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer	12b. KIND OF BUSINESS OR INDUSTRY: Farming
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Cockeysville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: York and Glencoe Roads			
14. FATHER'S NAME First: John	Middle: Linwood	Last: Parks	15. MOTHER'S MAIDEN NAME First: Emily Middle: Jane Last: Lee
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 219-30-2575	17. INFORMANT: Mrs. Myrtle C. Parks	Address: Same as # 13 E

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cancer of lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 months
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from February, 19 48, to November, 19 72, that (I) (~~saw~~) last saw the deceased alive on 18 November 1972, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~saw~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Walter T. Kees	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: November 20, 1972	
22d. PHYSICIAN'S NAME (Type): Walter T. Kees M.D.	22e. ADDRESS: Cockeysville, Maryland		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-22-1972	23c. NAME OF CEMETERY OR CREMATORY: Jessops Church Cemetery	23d. LOCATION (City or Town) (County) (State): Cockeysville Balt. Md.
24. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc.	ADDRESS: 1050 York Road Towson, Maryland	25a. REC'D BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

VR A15 (4) 25m-1-70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17105 — 17107

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First ROBERT; Middle E.; Last PARRISH
2a. DATE OF DEATH: Month 11; Day 29; Year 72
2b. HOUR: 3:45 A M
3. SEX: MALE
4. RACE: W
5. DATE OF BIRTH: 2-25-28
6. AGE (In years last birthday): 44 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): BALTO. MD.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY: SOC. SEC.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY: BALTO.
13c. CITY OR TOWN: ESSEX
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 800 MARTIN RD. 21221
14. FATHER'S NAME First ROBERT; Middle; Last PARRISH
15. MOTHER'S MAIDEN NAME First GEORGIA; Middle; Last SLATER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service) 3/15/46 1/14/48
16b. SOCIAL SECURITY NO.: 218-22-8844
17. INFORMANT: JUNE PARRISH Address: ABOVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic cancer.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
1990

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Manth Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City ar Town County State

22a. I certify that [X] (this hospital) attended the deceased from 11-24, 19 72, to 11-29, 19 72, that [X] (we) last saw the deceased alive an 11-29 19 72 and that in [XX] (aur) apinian death accurred an the date and haur and from the causes stated above [XX] (we) (did) [XXX] view the body after death.

22b. SIGNATURE: O. C Rhee — DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: 11-29-72
22d. PHYSICIAN'S NAME (Type): O.C. Rhee, M.D.
22e. ADDRESS: 7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12/1/72
23c. NAME OF CEMETERY OR CREMATORY: OAK LAWN
23d. LOCATION (City or Town) (County) (State): BALTO. MD.

24. FUNERAL DIRECTOR: J. A. Connelly Sons ADDRESS: 200 York Ave
25a. REC'D BY REGISTRAR DATE: NOV 30 1972
25b. REGISTRAR'S SIGNATURE: Archey Norton

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

17106

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17108

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH / ESTIMATED	Month	Day	Year	2b. HOUR
John	NMI	Patzschke	ESTIMATED ☐	11	27	1972	0001

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
M	W	Aug 22, 1895	77 YRS.					11	27	1972	0113

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Bowleys Quarters	476 Burke Rd.	Mail Carrier	U.S. Gov

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Balto.	21220	YES ☐ NO ☒	476 Burke Road

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Charles		Patzschke	Annie		Schomberg

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WWI		Theresa Patzschke	Apt 412 6101 Loch Raven Blvd

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

(b) Chronic ischemic myocardial disease — 9 yrs.

DUE TO, OR AS A CONSEQUENCE OF

(c)

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐, and in my opinion death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE J. Crossan O'Donovan M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type) J. CROSSAN O'DONOVAN

ADDRESS (Street, city, town, or county) 3 KINSHIP RD., BALTO. MD 21222

22b. DATE SIGNED 11/27/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/30/72	Parkwood Cemetery	Balto. Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. E. Johnson 8521 Loch Raven Blvd.	NOV 29 1972	Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

1

17107

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17109

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Glenn	Middle: Clarence	Last: Peak	2a. DATE OF DEATH Month: November Day: 10 Year: 1972	2b. HOUR: 9:15 P M	
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: 9 January 1891	6. AGE (In years last birthday): 81 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Ash Co. North Carolina	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: White Hall	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Kirkwood Shop Rd	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer	12b. KIND OF BUSINESS OR INDUSTRY: Farming		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Baltimore	13c. CITY OR TOWN: WhiteHall	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Kirkwood Shop Rd	
14. FATHER'S NAME First: James	Middle: Morgan	Last: Peak	15. MOTHER'S MAIDEN NAME First: Jane	Middle: Bellamy	Last: Mcgrady
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO	(If yes give war or dates of service): None	16b. SOCIAL SECURITY NO.: 230-30-4415	17. INFORMANT: Wife	Address: Same	

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks

4/24

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b): Arterio sclerotic Cardio Vas Disease — 5 yrs

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** thot (I) ~~(this hospital)~~ attended the deceased from _____, 19 72, to Nov, 19 72, that (I) ~~(we)~~ last saw the deceased alive on 10 Nov. 19 72, and thot in (my) ~~(our)~~ opinion death occurred on the dote and haur and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the bady after deoth.

22b. SIGNATURE: Walter T. Kees	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 10 Nov 1972	
22d. PHYSICIAN'S NAME (Type): WALTER T. KEES	22e. ADDRESS: Cockeysville, Md		

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.-Burial	23b. DATE: Nov. 13, 1972	23c. NAME OF CEMETERY OR CREMATORY: Peak Family Cemetery	23d. LOCATION (City or Town) (County) (State): Chilhowee, Smyth Co., Virginia	
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland	ADDRESS	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: [illegible]	

VR A15 (4)
45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17108 17110

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Arch Middle W. Last Peake
2a. DATE OF DEATH: Month November Day 13, Year 1972
2b. HOUR: 8:30 P.M.
3. SEX: Male
4. RACE: Cauc.
5. DATE OF BIRTH: Aug. 26, 1880
6. AGE (In years last birthday): 92 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore, Md.
10. CITY OR TOWN OF DEATH: Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Manor Care - Towson
12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.): Manager
12b. KIND OF BUSINESS OR INDUSTRY: Insurance Co.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore
13c. CITY OR TOWN: Sparks
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: Priceville Road
14. FATHER'S NAME First Charles Middle Lost Peake
15. MOTHER'S MAIDEN NAME First Emma Middle Last Gotenauer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16b. SOCIAL SECURITY NO.: 218-07-4780
17. INFORMANT: Mrs. Thomas Sheats Address: Same as #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 Months
DUE TO, OR AS A CONSEQUENCE OF
(b): Arteriosclerotic Cardio Vascular Disease — 15 yrs.
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditians, If any, which gave rise to immediate cause (a), stoting the underlying cause lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Nat while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street ar R.F.D. No. City ar Tawn Caunty State

22a. I certify that (I) (this haspital) attended the deceased from Aug. 9, 1950, ta Nov. 13, 1972, that (I) (we) last saw the deceased alive an Nov. 12, 1972, and that in (my) (aur) apinian death accurred an the date and haur ond from the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Walter T. Kees DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11-14-72
22d. PHYSICIAN'S NAME (Type): Walter T. Kees, M.D.
22e. ADDRESS: Cockeysville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-16-72
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City ar Tawn) (Caunty) (State): Woodlawn, Balto., Md.
24. FUNERAL DIRECTOR ADDRESS: Wm. Cook-Brooks Towson, Inc. Towson, Md.
25a. RECD. BY REGISTRAR DATE: NOV 17 1972
25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

VSA15 (4) 25m-1/70

1

17109

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17111

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: ANNA	Middle: (NMN)	Last: PERKINS	2a. DATE OF DEATH: Month November Day 9, Year 1972
2b. HOUR: 4:15 P.M			
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: June 22, 1892	6. AGE (In years lost birthday) 80 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): New York	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): Manor Care - Towson N.H.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Home maker	12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Parkville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 1812 Rushley Road			
14. FATHER'S NAME First: Conrad	Middle:	Last: Vogl	15. MOTHER'S MAIDEN NAME First: Mary Middle: Last: Daege
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-74-5037	17. INFORMANT: Robert C. Perkins	Address: 1812 Rushley Rd.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute coronary occlusion — Approximate interval between onset and death: final minutes
DUE TO, OR AS A CONSEQUENCE OF (b) Acute ASCVD — Approximate interval between onset and death: many years
DUE TO, OR AS A CONSEQUENCE OF (c) Generalized Arteriosclerosis — Approximate interval between onset and death:

4109

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 4/22, 19 72, to 4/, 19, that (I) (we) last saw the deceased alive on 4/9 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. [✓] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED
		11/11/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
S. Elliott Harris M.D.	8100 Harford Road. 21234

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-13-72	Parkwood Cemetery	Parkville Balt. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson, Inc.	1050 York Road Towson, Maryland	NOV 14 1972	Sidney H. Norton

VRA15(4) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17110 — 17112

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Ernest	Middle: W.	Last: Perkins	2a. DATE OF DEATH Month: 11 Day: 23 Year: 1972
2b. HOUR: M			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: March 2, 1892	6. AGE (In years last birthday): 80 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): England	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Randallstown Convt. Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired - Bank Guard	12b. KIND OF BUSINESS OR INDUSTRY: Mercantil Bank
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Randallstown	13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 3503 Offutt Road 21133			
14. FATHER'S NAME First: Ernest	Middle	Last: Perkins	15. MOTHER'S MAIDEN NAME First: Agnes Middle	Last: Palmer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WW I	16b. SOCIAL SECURITY NO.: 218-07-4222 A	17. INFORMANT: Mrs. Betty Lehman Address: 3503 Offutt Road Randallstown, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF (b): A.S.C.V.D.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c):
4124
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Diabetes

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from * , 19 62, to 11/23, 19 72, that (I) (we) last saw the deceased alive on 11/23 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: M. D.	DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11/24/72
22d. PHYSICIAN'S NAME (Type): Morton J. Ellin		22e. ADDRESS: 8629 Liberty Road	

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/27/1972	23c. NAME OF CEMETERY OR CREMATORY: DRUID RIDGE CEMETERY	23d. LOCATION (City or Town): PIKESVILLE	(County): BALTO. (State): MD.
24. FUNERAL DIRECTOR: LORING BYERS FUNERAL DIRECTORS, P. A.	ADDRESS: 8728 Liberty Road 21133	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-16 1/71 30M (VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17111 — 17113

FOR STATE HEALTH DEPT.

1. DECEASED-NAME (Type or Print) First: George	Middle: ARTHUR	Last: PERRY	2a. DATE KNOWN OF DEATH ☒ / ESTIMATED ☐: Month 11 Day 5 Year 1972	2b. HOUR: 10:35 P M		
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 1-9-28	6. AGE (In years last birthday): 44 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 11 Day 5 Year 1972 — 2d. HOUR: 10:35 P M
7a. BIRTHPLACE (State or foreign country): New York	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balt. County Gen. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Salesman	12b. KIND OF BUSINESS OR INDUSTRY: Manufacturing			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balt.	13c. CITY OR TOWN: Pikesville	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 2136 107 Brookebury Dr.		
14. FATHER'S NAME First: Manuel	Middle:	Last: Perry	15. MOTHER'S MAIDEN NAME First: Clementine (DeCoste)	Middle:	Last: Perry	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No	16b. SOCIAL SECURITY NO.: None ??	17. INFORMANT: Brooklyn, New York	ADDRESS: 11215 Joseph G. Duffy, Inc. 255 9th Street			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ hr
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): No

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
No	No	YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. — 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
—	—	—

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
		—			

22a. **I certify** that I took charge of the remains described obave, held on Autopsy ☐, Inspection ☐, Inquiry ☒, ond in my opinian deoth resulted from: Noturol couses ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE: Robert B Taylor M.D.
EXAMINER'S NAME (Type): TAYLOR
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 11-6-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/10/1972	ST. JOHNS CEMETERY	MIDDLEVILLAGE QUEENS N. Y.

24. FUNERAL DIRECTOR: Loring Byers Funeral Directors, P. A. ADDRESS: 8728 Liberty Road 21133

25a. REC'D BY REGISTRAR DATE: NOV 8 1972 — 25b. REGISTRAR'S SIGNATURE: Sidney H Watson

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M - 1/69

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17112 — 17114

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 10-3/72 25M
(VR A15 (4))

	First	Middle	Lost
1. DECEASED-NAME (Type or print)	SAMUEL	WOODROW	PETROSKY

2a. DATE OF DEATH: Month 11 Day 1 Year 72 — 2b. HOUR 10:15 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	Caucasian	29 December 1925	46 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARITAL STATUS	9. COUNTY OF DEATH
Pennsylvania	U?S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
White Marsh	Franklin Square Hosp.	Sheet Metal Work	Steel

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Baltimore	Essex	YES ☐ NO ☒	33 Maxwell Rd. 21220

14. FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First Middle Lost
John Petrosky	Anna Sheranko

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
yes	WW II	163-24-6824	Mrs. Patricia Huffman, 41 Lingerton	21220

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

402x

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) LEFT VENTRICULAR FAILURE

DUE TO, OR AS A CONSEQUENCE OF (c) HYPERTENSION, OBESITY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS OR CONTRIBUTING ☐ (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. **I certify** that (I) (this hospital) attended the deceased from 11 - 1 - , 1972, to 11 - 1 - 1972, that (I) (we) last saw the deceased alive on 11 - 1 - 1972, and that in (my) (our) opinian death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
J. Jay Platt M.D.		☒	☐	☐	11/3/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
J. JAY PLATT, M.D.	406 EASTERN BOULEVARD

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
burial	6 Nov 72	Holly Hills Memorial	Balto. Co., Md. 21220

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Ullrich Funeral Home, Dundalk, Md. 21222	NOV 6 1972	Sidney H. Norton

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used os o burial-transit permit. File pages 1and 2 with the State Department of Health prior to burial, cremation, or removol, ond in any event within 72 hours after death.

17113

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17115

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN ☑ OF ESTI- DEATH MATED ☐ Month Day Year	2b. HOUR
HELEN	JOSEPHINE	PFARR	Nov 26 1972	3:15 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Month Day Year	2d. HOUR
F	W	8/27/01	71 YRS.					11 26 1972	5:45 P M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Md.	U.S.A.		Balto. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Balto.	Box 476, Rt. 16	housewife	at home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Baltimore	Balto.	YES ☐ NO ☒	Box 476, Rt. 16

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
John Vogt	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no			Louis Pfarr (husband) same address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	
DUE TO, OR AS A CONSEQUENCE OF (b)	Chronic Ischemic Heart Disease	
DUE TO, OR AS A CONSEQUENCE OF (c)		

4109

Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑
	NONE	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took chorge of the remoins described obove, held an Autopsy ☐, Inspection ☑, Inquiry ☑, ond in my opinion death resulted from: Noturol couses ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

EXAMINER'S NAME (Type) Dr. Melvin B. Davis

ADDRESS(Street, city, town, or county) 6800 Mornington Rd

22b. DATE SIGNED 11/28/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/29/72	Sacred Heart of Jesus	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213	NOV 29 1972	Lindsay H. Watson

VR A15ME (A)
10M REV. 1/68

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17114 17116

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: HENRY	Middle:	Last: PFEIFFER, Jr.	2a. DATE OF DEATH Month: 11 Day: 27 Year: 72	2b. HOUR: 11:05 P	
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 01/25/08	6. AGE (In years last birthday): 64 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): GERMANY	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Gardner	12b. KIND OF BUSINESS OR INDUSTRY: Homes			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: Parkville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 8614 WENDELL AVE.		
14. FATHER'S NAME First: Henry	Middle: F.	Last: Pfeiffer, Sr.	15. MOTHER'S MAIDEN NAME First: Karoline	Middle:	Last: Koch	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 219-20-9629	17. INFORMANT: Margaret Pfeiffer	Address: Same			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE
DUE TO, OR AS A CONSEQUENCE OF
(b): ARTERIOSCLEROTIC CARDIOVASCULAR HEART
DUE TO, OR AS A CONSEQUENCE OF
(c): DISEASE

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (X) (this hospital) attended the deceased from 11/09, 1972, to 11/27, 1972, that (X) (we) last saw the deceased alive on 11/27 1972, and that in my (our) opinion death occurred on the date and hour and from the causes stated above (X) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Dai Ho Cho M.D. DEGREE	ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11/27/72	
22d. PHYSICIAN'S NAME (Type): DR. DAI CHO	22e. ADDRESS: 7620 YORK RD. TOWSON, MD. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-30-1972	23c. NAME OF CEMETERY OR CREMATORY: Parkwood	23d. LOCATION (City or Town): Baltimore (County) (State): Md.	
24. FUNERAL DIRECTOR: Charles F. Evans & Son	ADDRESS: 8802 Harford Rd	25a. REC'D BY REGISTRAR DATE: NOV 29 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17115 — 17117

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1-71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Vernon	Middle: Jack	Last: Phillips	2a. DATE OF DEATH Month: 11	Day: 2	Year: 72	2b. HOUR: 5:45 A M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 3/2/10	6. AGE (In years last birthday): 62 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): USA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Balt. Co. Md.				
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balt Co. Gen.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Self-employed	12b. KIND OF BUSINESS OR INDUSTRY: Auto Insurance Agency				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: md	13b. COUNTY: Balt	13c. CITY OR TOWN: Randallstown	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 3803 Elmcroft Rd.			
14. FATHER'S NAME First: Robert	Middle: H.	Last: Phillips	15. MOTHER'S MAIDEN NAME First: Margaret	Middle:	Last: Williams		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give year or dates of service)	16b. SOCIAL SECURITY NO.: 219-01-1979	17. INFORMANT: Mrs. Katherine K. Phillips	Address: Randallstown Md 3803 Elmcroft Rd.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute myocardial infarct

DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD

DUE TO, OR AS A CONSEQUENCE OF (c):

4100 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner)	UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
[signature]		11/3/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Nov. 4, 1972	Loudon Park Cemetery	Baltimore Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Frank H. Newell	Pikesville, Md.	NOV 6 1972	Sidney M. Horton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17116 — 17118

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
ANTHONY	T.	PIETROBON	11 18 72	11:35 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
MALE	WHITE	5-19-00	72 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
ITALY	USA	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	ST JOSEPH	RETIRED Construction	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD		BALTO	YES [X] NO [ ]	4703 PARKSIDE GARDENWAY APT E

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
?		Pietrobon	Louise		?

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
Yes	WW 2	217-07-7688	Mrs. Agnes Pietrobon	(Same)

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DESEASE

DUE TO, OR AS A CONSEQUENCE OF (b) VENTRICULAR FIBRILLATION

DUE TO, OR AS A CONSEQUENCE OF (c) HEMATURIA ETIOLOGY UNKNOWN

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT WAS OR CONTRIBUTING / UNDERLYING CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
[ ] [ ]					

22a. I **certify** that I (this hospitol) attended the deceased from 11-9, 19 72 to 11-18, 19 72, that I (we) lost saw the deceased olive on 11-18 19 72, and thot in (my) (our) opinion death occurred on the dote and hour and from the causes stated obave, I (we) (did) (did not) view the body ofter death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Vuong Nguyen	[ ]	[ ]	[X]	11/19/72.

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Vuong NGUYEN	ST Joseph hospital

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/22/72.	Moreland Memorial Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck, Inc. Balto. Md. 21214		NOV 22 1972	Sidney H. Norton

DHMH-16 1/71 30M (VR A15)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17117 — 17119

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16-1-71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	I. Catherine Preston
2a. DATE OF DEATH Month / Day / Year	11 7 72
2b. HOUR	6:00 A M
3. SEX	Female
4. RACE	W
5. DATE OF BIRTH	10-8-87
6. AGE (In years last birthday)	85 YRS.
IF UNDER 1 YEAR — MONTHS / DAYS	
IF UNDER 24 HRS. — HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Md.
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore, Md.
10. CITY OR TOWN OF DEATH	Randallstown,
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Balto. Co. Gen'l Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired Seamstress
12b. KIND OF BUSINESS OR INDUSTRY	Garment Mfgr.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	
13c. CITY OR TOWN	Balto.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐	
13e. STREET AND NUMBER	3939 Roland Ave.
14. FATHER'S NAME First / Middle / Last	Charles W. Downing
15. MOTHER'S MAIDEN NAME First / Middle / Last	Sarah V. Feighley
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	216-01-8378
17. INFORMANT Address	Admission record #37206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Right Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 days
DUE TO, OR AS A CONSEQUENCE OF
(b) Hypertension 6
DUE TO, OR AS A CONSEQUENCE OF
(c) Atherosclerosis

4330
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this haspital) attended the deceased from 10-30, 1972, to 11-7, 1972, that (I) (we) last saw the deceased alive on 10-7-72 19 72 and that in (my) (aur) opinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE	Ephraim Barzaga DEGREE	ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED 11-7-72
22d. PHYSICIAN'S NAME (Type)	EPHRAIM BARZAGA	22e. ADDRESS	BALTO. COUNTY GEN. HOSP.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	10 Nov 1972	Druid Ridge Cemetery	Pikesville, Balto Co. Maryland	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Burgee Funeral Home, Baltimore, Maryland		NOV 14 1972	Sidney H. Norton	

Hoan Burgee Jr

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17118 — Item#5, Film 453 11/22/72 kam — 17120

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Harry	Middle: M	Last: Price	2a. DATE OF DEATH Month: 11 Day: 7 Year: 72	2b. HOUR: 9:52 a M
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: 09-27-1891	6. AGE (In years last birthday): 80 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Manor Care, 7001 N. Charles St	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Customs	12b. KIND OF BUSINESS OR INDUSTRY: Fed. Gvt.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: md	13b. COUNTY:	13c. CITY OR TOWN: Balto	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER: 217 E. Lake Ave	
14. FATHER'S NAME First / Middle / Last: George M. Price		15. MOTHER'S MAIDEN NAME First / Middle / Last: Missouri Alban			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WW 1	16b. SOCIAL SECURITY NO.: 220 20 8399	17. INFORMANT Address: Mr. John M. Price Maplewood, N. J.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia	2 Days
DUE TO, OR AS A CONSEQUENCE OF (b)	Subdural Hematoma Left (Post Op)	? 6 mts
DUE TO, OR AS A CONSEQUENCE OF (c)	ASCVD with Chronic Brain Syndrome	? 5 yrs.

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost. 4127

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify thot (I) (this haspital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased olive an _____ 19____, and that in (my) (aur) opinion deoth occurred on the date ond haur and from the couses stated above, (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE: Richard M. Maffezzoli, M.D.	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☑	22c. DATE SIGNED: 11/8/72
22d. PHYSICIAN'S NAME (Type): Richard D. Maffezzoli MD	22e. ADDRESS: 1134 York Road Lutherville, Md				

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/10/72	23c. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.	23d. LOCATION (City or Town) (County) (State): Baltimore, Md.	
24. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD	ADDRESS: 6500 York Rd.	25a. REC'D BY REGISTRAR DATE: NOV 13 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17119 17121

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: MARGA	Middle: C.	Last: PRIOR	2a. DATE OF DEATH Month: 11 Day: 21 Year: 72	2b. HOUR: 2:20 P. M	
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 2-16-1881	6. AGE (In years last birthday): 91 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Norway	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 301 W. Chesapeake Towson Conv. Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY: Own Home			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 4425 Wickford Rd.		
14. FATHER'S NAME First: Adolph	Middle	Last: Christensen	15. MOTHER'S MAIDEN NAME First: Borghild	Middle	Last: Isdahl	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-44-4306	17. INFORMANT: Mrs. Borghild Prior	Address: Same		

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CEREBRAL ARTERIOSCLEROSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

DUE TO, OR AS A CONSEQUENCE OF

(b): GENERALIZED ARTERIOSCLEROSIS — 5 YRS (?)

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4379

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from FEB 22, 19 51, to NOV 24, 19 72, that (I) ~~(we)~~ last saw the deceased alive on NOV 22, 19 72, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: John M. Scott M.D.	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11/24/72	
22d. PHYSICIAN'S NAME (Type): John M. Scott MD	22e. ADDRESS: 600 W. Northern Parkway, Balto.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-25-72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park	23d. LOCATION (City or Town): Balto.	(County) (State): Md.
24. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co., Balto., Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Sinton	

DHMH - 163/72 25M
(VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17120 — 17122

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: Augusta	Middle: E.	Last: Pyle	2a. DATE KNOWN OF DEATH ☑ / ESTIMATED ☐: November 29, 1972			2b. HOUR: 11 A M		
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 12/23/1875	6. AGE (In years and birthday): 96 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: November 29, 1972		2d. HOUR: 11 A M
7a. BIRTHPLACE (State or foreign country): Tenn.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Balto. Md.					
10. CITY OR TOWN OF DEATH: Baltimore	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): G.B.M.C.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 4710 Harford Road				
14. FATHER'S NAME First: -	Middle:	Last: Maines	15. MOTHER'S MAIDEN NAME First: -	Middle: -	Last:			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-54-2910	17. INFORMANT: J. Mrs. Dorothy Lockwood	ADDRESS: 1015 River View Dr.					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchial Respiratory Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 Hrs.

DUE TO, OR AS A CONSEQUENCE OF: (b) Bronchial Pneumonia — 48 Hrs.

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. — DUE TO, OR AS A CONSEQUENCE OF: (c) Fractured Rt Hip

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).: Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
None		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	11:15 P.M. Nov 29 1972	Fell in Room in Nursing Home

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote
	Nursing Home	7001 N. Charles St	Towson	Baltimore	Md.

22a. **I certify** thot I took chorge of the remoins described obove, held on Autopsy ☐, Inspection ☒, Inquiry ☐, ond in my opinion deoth resulted from: Noturol causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE: Charles F. O'Donnell M.D.

EXAMINER'S NAME (Type): Charles F. ODonnell

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: 12/1/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Burial	12/2/72	Parkwood	Balto. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leona rd J. Ruck Inc.	Balto. Md.	DEC 5 1972	Sidney H. Norton

VR A15ME (5)
10M REV. 1/68

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17121 — 17123

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4)

1. DECEASED-NAME (Type or print): First: Augustus	Middle: W	Last: QUAYLE	2a. DATE OF DEATH: Month Nov. 23, Day 1972.	2b. HOUR: 11 PM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 14, 1885	6. AGE (In years last birthday): 87 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): England	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Parkville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 8705 Loch Bend Dr	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Machinist	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY	13c. CITY OR TOWN: Parkville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 8705 Loch Bend Dr
14. FATHER'S NAME First: John Andrew	Middle	Last: Qauyle	15. MOTHER'S MAIDEN NAME First: Mary	Middle: Ann	Last: Simpson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-07-1304	17. INFORMANT: Mrs Abbie K Quayle	Address: Same	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): 4124 ASC VD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): CVA — 2 years

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [1]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notity medical exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospitol) ottended the deceased from ____, 19 69, to Nov 24th, 19 72, that (I) (we) last saw the deceased alive on June 19 1972, and thot in (my) (our) opinion death accurred on the date and hour and from the causes stated abave. (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Geo H Beck	DEGREE: ATTENDING PHYS. [✓] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/24/72	
22d. PHYSICIAN'S NAME (Type): GEO H BECK MD	22e. ADDRESS: 6012 HARFORD RD BALTO. MD 21214		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/27/72	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.	ADDRESS: Balto. Md.	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney J. Norton	

1

FOR STATE HEALTH DEPT.

17122

Item#5, FilmG453 11/14/72

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17124

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word 'pending,' in pencil in Item 18. See Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: ROBERTA	Middle: K.	Last: RAHLL	2a. DATE KNOWN OF DEATH ESTIMATED	Month: 11 Day: 1 Year: 72 19
2b. HOUR	1:30A M				
3. SEX	Female	4. RACE	Caucasian	5. DATE OF BIRTH	1/9/1889
6. AGE (In years last birthday)	83 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month / Day / Year 19	2d. HOUR M
7a. BIRTHPLACE (State or foreign country)	Md.	7b. CITIZEN OF WHAT COUNTRY?	USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH	Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	St. Joseph's Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Homemaker
12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY		13c. CITY OR TOWN	Baltimore
13d. INSIDE CITY LIMITS?	YES ☒ NO ☐	13e. STREET AND NUMBER	3112 Northway Drive		
14. FATHER'S NAME First / Middle / Last	Edward Kerr	15. MOTHER'S MAIDEN NAME First / Middle / Last	Unknown		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes give war or dates of service)	No	16b. SOCIAL SECURITY NO.	213-52-9816	17. INFORMANT	Miss Ann K. Rahll
ADDRESS	Same				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Occlusion	Sudden
DUE TO, OR AS A CONSEQUENCE OF (b)	Congestive Heart Failure	4 Days
DUE TO, OR AS A CONSEQUENCE OF (c)	Fractured Left Hip	24 Days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 887X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes Mellitus. Secondary Anemia

19a. DATE OF OPERATION	10/11/72	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	Fractured Left Hip
20. AUTOPSY?	YES ☐ NO ☒		
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 5:30 P.M.	October 19 72	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Fell in Kitchen
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	3112 Northway Drive Baltimore City Md.
		City or Town	County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert A. Donnell M.D.
EXAMINER'S NAME (Type)
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED 11/1/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b. DATE	11/4/72	23c. NAME OF CEMETERY OR CREMATORY	St. John's Cemetery
23d. LOCATION (City or Town) (County) (State)	Long Green Maryland				
24. FUNERAL DIRECTOR	Leonard J. Ruck Inc.	ADDRESS	5305 Harford Rd. 21214	25a. REC'D BY REGISTRAR DATE	NOV 3 1972
25b. REGISTRAR'S SIGNATURE	Sidney H. Norton				

DHMH-17 (VR A15ME (5)) 10M

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17123

17125

1. DECEASED-NAME (Type or print): First: Lois; Middle: A.; Last: Rainville

2a. DATE OF DEATH: Month: November; Day: 24; Year: 1972

2b. HOUR: M

3. SEX: F

4. RACE: W

5. DATE OF BIRTH: April 9, 1933

6. AGE (In years last birthday): 39 YRS. IF UNDER 1 YEAR: MONTHS, DAYS. IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): Mass.

7b. CITIZEN OF WHAT COUNTRY?: U. S. A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Towson

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 511 Holden Road

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): School Teacher

12b. KIND OF BUSINESS OR INDUSTRY: Balto.Co.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Baltimore

13c. CITY OR TOWN: Towson

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: 511 Holden Road

14. FATHER'S NAME First: Franklin; Middle: F.; Last: Jackson

15. MOTHER'S MAIDEN NAME First: Dorothea; Middle: ; Last: Christenson

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 012-26-6971

17. INFORMANT: Daniel R. Rainville Address: (Same)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma of breast with metastases — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 years

DUE TO, OR AS A CONSEQUENCE OF

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

174 X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

None

MEDICAL CERTIFICATION

19a. DATE OF OPERATION: Nov. 9, 1972

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Oophorectomy

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from July 7, 1972, to Nov. 24, 1972, that (I) (we) last saw the deceased alive on 11/21 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: L Myrton Gaines Jr. M.D. DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 11/27/72

22d. PHYSICIAN'S NAME (Type): L. Myrton Gaines, Jr.

22e. ADDRESS: 7800 York Road

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/28/72

23c. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Pak

23d. LOCATION (City or Town) (County) (State): Parkville, Balto.Co.Md.

24. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

25a. REC'D BY REGISTRAR DATE: NOV 28 1972

25b. REGISTRAR'S SIGNATURE: Sidney M Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1

FOR STATE HEALTH DEPT.

17124

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17126

1. DECEASED-NAME (Type or Print) First: CAMPBELL	Middle: B.	Last: RASNAKE	2o. DATE KNOWN OF DEATH ESTIMATED ☐ Month: Nov Doy: 20 Year: 1972	2b. HOUR 9:25 P M		
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 3/16/88	6. AGE (In years last birthday) 84 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: Nov Doy: 20 Year: 1972	2d. HOUR 10:33 P M	
7o. BIRTHPLACE (State or foreign country) VA.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH BALTO. Md.			
10. CITY OR TOWN OF DEATH ESSEX	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) 48 NERBAY RD.	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) RET.	12b. KIND OF BUSINESS OR INDUSTRY			
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE MD.	13b. COUNTY BALTO	13c. CITY OR TOWN ESSEX	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER 48 NERBAY RD		
14. FATHER'S NAME First: CHARLES	Middle:	Last: RASNAKE	15. MOTHER'S MAIDEN NAME First: UNK	Middle:	Last:	
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 228-07-1547	17. INFORMANT LEWIS RASNAKE	ADDRESS ABOVE			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CORONARY OCCLUSION — 4109

DUE TO, OR AS A CONSEQUENCE OF

(b) CHRONIC ISHEMIC HEART DISEASE

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑
X		

21o. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
X		

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I taak charge of the remains described abave, held an Autapsy ☐, Inspection ☑, Inquiry ☑, and in my apinian death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

EXAMINER'S NAME (Type) M. B. DAVIS M.D. 6800 MORAVIA (Street, City, town, or County)

22b. DATE SIGNED 11-24-72

23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/24/72	GARDENS OF FAITH	BALTO. MD.

24. FUNERAL DIRECTOR	ADDRESS	25o. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J.G. CONNELLY	300 MACE	NOV 27 1972	Sidney G. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR A15ME (9)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17125 — 17127

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (7) 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First: Florence; Middle: ; Last: Rathbone
2a. DATE OF DEATH: Month: 11- Day: 6- Year: 1972
2b. HOUR: 7:30 A M
3. SEX: F
4. RACE: W
5. DATE OF BIRTH: 1-18-05
6. AGE (In years last birthday): 67 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Georgia
7b. CITIZEN OF WHAT COUNTRY?: U.S.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. COUNTY OF DEATH: Baltimore City Baltimore Md.
10. CITY OR TOWN OF DEATH: Pikesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Pikesville Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Accountant
12b. KIND OF BUSINESS OR INDUSTRY: Gen'l Hosp.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY:
13c. CITY OR TOWN: Baltimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 302 Mc Mechen
14. FATHER'S NAME: First: Mongie; Middle: Fairbanks; Last: Smith
15. MOTHER'S MAIDEN NAME: First: Florence; Middle: ; Last: Percival
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16b. SOCIAL SECURITY NO.: 207-05-4711
17. INFORMANT: Mrs. Odette Jean LeBlanc Address: Kidwood 21134 Box 116

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardio Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF (b): Generalized metastatic Carcinoma
DUE TO, OR AS A CONSEQUENCE OF (c): Primary site LUNG.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1621
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from May 10, 1964 to Nov 6, 1972, that (I) (~~saw~~) last saw the deceased alive on Nov 6 1972, and that in (my) (~~his~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~saw body~~) (did not) view the body after death.

22b. SIGNATURE: Willard Applefeld DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11/6/72
22d. PHYSICIAN'S NAME (Type): Willard Applefeld
22e. ADDRESS: 6615 Reisterstown Rd

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Nov. 7, 1972
23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
23d. LOCATION (City or Town) (County) (State): Baltimore Md.
24. FUNERAL DIRECTOR: Frank H. Newell, Inc. ADDRESS: Pikesville, Md.
25a. REC'D BY REGISTRAR DATE: NOV 10 1972
25b. REGISTRAR'S SIGNATURE: Sidney Norton

17126

Item 7, Film G454 12/4/72 kam

17128

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A154(4)
30M REV. 1-68

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
MARGARET		REICHARDT	Nov	23	1972	11 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
F	White	11/24/1889	82 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
AUSTRIA	YES U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
CATONSVILLE	SHADY NOOK INC.	Companion	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	BALTO	Baltimore	YES ☒ NO ☐	708 Beechfield Ave 21229

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John		Mayer	ERROR REICHARDT	/	Elizabeth (Unknown)

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	212-30-9247	Mrs. Matilda T. Sheehan 708 Beechfield Ave

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Annular Carcinoma of Colon 1 yr ?

DUE TO, OR AS A CONSEQUENCE OF (b) ASCVD

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.

1530

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** thot (I) (this haspital) attended the deceased from Dec 1, 1964, to Nov 23, 1972, that (I) (we) last saw the deceased alive an NOV 23 1972, and thot in (my) (our) opinian death accurred on the date ond hour and from the couses stoted above, (I) (we) (did) (did not) view the body ofter death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Earl Pass MD		☒	☐	☐	11/23/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
I. EARL PASS M.D	4001 Wilkens Ave Balto Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11-27-72	Moreland Memorial Park	Balto. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Hubbard Funeral Home	21229 4107 Wilkens Ave.	NOV 28 1972	Audrey Hooton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17127

17129

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Florence	Middle: Mary	Last: Reilly	2a. DATE OF DEATH Month: 11	Day: 27	Year: 72
2b. HOUR	A M: 9:20					
3. SEX	Female					
4. RACE	White					
5. DATE OF BIRTH	10-31-06					
6. AGE (In years last birthday)	66 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN			
7a. BIRTHPLACE (State or foreign country)	Pennsylvania					
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.					
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐						
9. COUNTY OF DEATH	Baltimore Md.					
10. CITY OR TOWN OF DEATH	Towson					
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	St. Joseph					
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Homemaker					
12b. KIND OF BUSINESS OR INDUSTRY	AT HOME					
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	Maryland					
13b. COUNTY	Baltimore					
13c. CITY OR TOWN						
13d. INSIDE CITY LIMITS? YES ☐ NO ☒						
13e. STREET AND NUMBER	8128 Loch Raven Blvd. 21204					
14. FATHER'S NAME First	OTTO	Middle: GINTHER	Last			
15. MOTHER'S MAIDEN NAME First	MARIE	Middle:	Last: MILLER			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	NO					
16b. SOCIAL SECURITY NO.	212-34-9147					
17. INFORMANT Address	William Foley 3006½ Lavender Ave Parkville Md.					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory insufficiency.
DUE TO, OR AS A CONSEQUENCE OF
(b) Acute bronchopneumonia and possible septicemia.
DUE TO, OR AS A CONSEQUENCE OF
(c)

485X

Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Arteriosclerotic heart disease.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that ☒ (this hospital) attended the deceased from 11-26, 19 72, to 11-27, 19 72, that ☒ (we) last saw the deceased alive on 11-27 19 72, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above, ☒ (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	Florente P. Palomo M.D.	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED 11-27-72
22d. PHYSICIAN'S NAME (Type)	Florecita P. Palomo, M.D.	22e. ADDRESS	7620 York Rd. Towson, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b. DATE 11/30/72	23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	23d. LOCATION (City or Town) (County) (State) Belair Rd Baltimore Maryland
24. FUNERAL DIRECTOR / ADDRESS	Dippel Brothers 710 Belair Road 21202	25a. REC'D BY REGISTRAR DATE	DEC 4 1972	25b. REGISTRAR'S SIGNATURE Sidney M Horton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17128 — 17130

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OHMH-16 1/71 20M (VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	Monna L. Reinheimer
2a. DATE OF DEATH Month Day Year	November 7 1972
2b. HOUR	M
3. SEX	Female
4. RACE	White
5. DATE OF BIRTH	December 15, 1890
6. AGE (In years last birthday)	81 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Pennsylvania
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Rodgers Forge
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	220 Rodgers Forge Road
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Production Worker
12b. KIND OF BUSINESS OR INDUSTRY	Mfgr Instrument
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md
13b. COUNTY	Baltimore
13c. CITY OR TOWN	Rodgers Forge
13d. INSIDE CITY LIMITS? YES ☐ NO ☒	
13e. STREET AND NUMBER	220 Rodgers Forge Road
14. FATHER'S NAME First / Middle / Last	William Houdeshel
15. MOTHER'S MAIDEN NAME First / Middle / Last	Susan
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	215229377A
17. INFORMANT Address	Elaine B. Chilcote 1304 McPherson Ct. Lutherville 21093

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIORESPIRATORY ARREST
DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY OCCLUSION
DUE TO, OR AS A CONSEQUENCE OF (c) HYPERTENSIVE ARTERIOSCLEROSIS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20a. AUTOPSY? YES ☐ NO ☐	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natily medical examiner) UNDERLYING ☐	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 4-11, 19 69, to 11-7, 19 72, that (I) (we) last saw the deceased alive on 8-26 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE / DEGREE	Dr. Menendez — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED	11-10-72
22d. PHYSICIAN'S NAME (Type)	Dr. Marcio M. Menendez
22e. ADDRESS	5820 York Road Baltimore, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	11 Nov 1972	Loudon Park Cemetery	Baltimore, Maryland	

24. FUNERAL DIRECTOR ADDRESS	Burgee Funeral Home, Baltimore, Maryland	25a. REC'D BY REGISTRAR DATE	NOV 14 1972
By:		25b. REGISTRAR'S SIGNATURE	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17129 — 17131

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (Rev. 7-71) 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Lost	E. Eva Riley
2o. DATE OF DEATH Month Doy Yeor	11-1-72
2b. HOUR	5P. M
3. SEX	female
4. RACE	white
5. DATE OF BIRTH	1-16-1880
6. AGE (In yeors lost birthday) YRS.	92
IF UNDER 1 YEAR MONTHS / DAYS	
IF UNDER 24 HRS. HOURS / MIN.	
7o. BIRTHPLACE (Stote or foreign country)	Georgia
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Baltimore
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	Little Sisters of the Poor
12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	clerk
12b. KIND OF BUSINESS OR INDUSTRY	
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE	Maryland
13b. COUNTY	Anne Arundel
13c. CITY OR TOWN	Severna Park
13d. INSIDE CITY LIMITS? YES ☒ NO ☐	
13e. STREET AND NUMBER	12 Giddings Ave., 21146
14. FATHER'S NAME First / Middle / Lost	(Unknown)
15. MOTHER'S MAIDEN NAME First / Middle / Lost	(Unknown)
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service)	
16b. SOCIAL SECURITY NO.	
17. INFORMANT Address	Little Sisters of the poor, 601 Maiden Choice Lane 21228

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o): Acidosis - dehydration
DUE TO, OR AS A CONSEQUENCE OF (b): Malnutrition - senility
DUE TO, OR AS A CONSEQUENCE OF (c): Generalized Arteriosclerosis
Conditions, if ony, which gove rise to immediote couse (o), stoting the underlying couse lost. 4409
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20o. AUTOPSY? YES ☐ NO ☐	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21o. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	
21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While ot work ☐ Not while ot work ☐	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote	

22a. I certify that (I) (this hospital) attended the deceased from _____, 1971, to 11-1-, 1972, that (I) (we) last saw the deceased alive on Nov. 1 1972 and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE	Stanley Ankudes DEGREE
ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	
22c. DATE SIGNED	11.2.72
22d. PHYSICIAN'S NAME (Type)	Stanley Ankudes, M.D.
22e. ADDRESS	1101 Maiden Choice Lane 21229

23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	11-3-1972	New Cathedral Cemetery	Baltimore, Maryland	
24. FUNERAL DIRECTOR ADDRESS	Howard H. Hubbard, 4107 Wilkens Ave. 21229	25o. REC'D BY REGISTRAR DATE	NOV 6 1972	25b. REGISTRAR'S SIGNATURE Anthony H. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17130 — 17132

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: SARAH	Middle: SALLY	Last: RING	2a. DATE OF DEATH Month: NOV Day: 5 Year: 1972 — 2b. HOUR: 8:15 A M
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: APRIL 10, 1902	6. AGE (In years last birthday): 70 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MD BALTO.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: PIKESVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): MILFORD MANOR NURSING HOME	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY: AT HOME
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: MD	13b. COUNTY	13c. CITY OR TOWN: BALTO	13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 2920 TANEY RD
14. FATHER'S NAME First: JACOB	Middle: [illegible]	Last: COHN	15. MOTHER'S MAIDEN NAME First: MIRIAM	Middle:	Last: ?
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: MR. ALBERT A. RING	Address: 2920 TANEY RD., APT. B1 #9		

MEDICAL CERTIFICATION

1B. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Art Scl CV disase — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Uremia

19a. DATE OF OPERATION: none	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.): none	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) ottended the deceased from 11/2, 19 69, to 11/5, 19 72, that (I) (we) last saw the deceased alive on 11/5 19 72 and that in (my) (our) opinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: R Maurice Feldman MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/5/72		
22d. PHYSICIAN'S NAME (Type): MAURICE FELDMAN, JR.	22e. ADDRESS: 610 Cron Country Blvd		
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/6/72	23c. NAME OF CEMETERY OR CREMATORY: BETH TFILOH	23d. LOCATION (City or Town) (County) (State): BALTIMORE, MARYLAND
24. FUNERAL DIRECTOR — ADDRESS: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD	25a. REC'D BY REGISTRAR DATE: NOV 8 1972	25b. REGISTRAR'S SIGNATURE: Sidney N Norton	

DHMH - 16 3/72 25M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17131 — 17133

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Edna	E	Rinker	11	2	72	6:45 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Fe.	White	10-3-1883	89 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
VA.	USA		Balto. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	5601 E. Joppa Rd Towson Maryland	SECRETARY	MED.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER
Maryland	Balto	Govwood		6426 Blenheim Rd

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Robert		Rinker	Virginia		Funkhauser

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	212-07-7853	Mr. Henry C. Linstid - Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive Arteriosclerotic Cardiovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF (b) With Hemi Plegia L and Stenosis — (One year)
DUE TO, OR AS A CONSEQUENCE OF (c) Generalized Arteriosclerosis with Senility — years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4122

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Intertrochanteric Fractures of L + R Hips 1960 - 1968 with Recovery

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 1960, 19____, to 2 Nov, 19 72, that (I) (~~saw~~) last saw the deceased alive on 31 October 72 and that (my) (~~our~~) apinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Lawrence L. Brown MD	MD	☒	☐	☐	3 Nov 72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
LAWRENCE L. BROWN MD	431 E. LAKE AVE BALTIMORE MD 21212

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/4/72	Grace Meth Cemt.	Pinkerton Va

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Mitchell-Wiedefeld Home 6500 York Rd	NOV 8 1972	

Item 18 Film 455 12/22/72 mh

17132

17134

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 16. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 DM
(VR A15ME (5))

1. DECEASED-NAME (Type or Print)	First: Alma	Middle: E.	Lost: ~~Richter~~ Ritcher	2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month: 11 Day: 24 Year: 19 72	2b. HOUR: 6:20 A.M.		
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 12-13-96	6. AGE (In years last birthday): 75 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 11 Day 24 Year 19 72	2d. HOUR: 6:20 A.M.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Fullerton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): Franklin Square Hospital	12a. USUAL OCCUPATION (Kind of work done durine most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 2912D Andorra Ct.			
14. FATHER'S NAME First Middle Lost: David B. Tennant		15. MOTHER'S MAIDEN NAME First Middle Lost: Roxanna Kerr					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-03-5682	17. INFORMANT: R.M.Richter	ADDRESS: 2912 D Andorra Court Baltimore, Maryland				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Massive myocardial infarction, recent — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4109

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Fracture of ribs, bilateral

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]
21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that I taak charge af the remains described abave, held an Autapsy [X], Inspectian [ ], Inquiry [ ], and in my apinian death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Hamicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: W P Mulloy M.D.

EXAMINER'S NAME (Type): William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: 11-24-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 27, 1972	23c. NAME OF CEMETERY OR CREMATORY: Southern	23d. LOCATION (City or Town) (County) (State): Dublin Harford Md.	
24. FUNERAL DIRECTOR: JOHN H. HARKINS	ADDRESS: Delta, Penna.	25a. REC'D BY REGISTRAR DATE: NOV 29 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17133

17135

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/72 30M (VR ATS (4))

1. DECEASED-NAME (Type or print)	First: HOWARD	Middle: FRANCIS	Last: RITTER	2a. DATE OF DEATH: NOVEMBER (Month) 4 (Day) 1972 (Year)	2b. HOUR: 4:35 A M
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 2-27-1918	6. AGE (In years last birthday): 54 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Purchasing Agent	12b. KIND OF BUSINESS OR INDUSTRY: Murray Corp.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 3201 Kentucky Ave. 21213	
14. FATHER'S NAME First / Middle / Last: Howard Ritter		15. MOTHER'S MAIDEN NAME First / Middle / Last: Agnes Shettle			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-07-2583	17. INFORMANT: Rebecca Ritter (wife)	Address: same as above		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): GASTROINTESTINAL HEMORRHAGE;

DUE TO, OR AS A CONSEQUENCE OF

(b): CARCINOMA INVOLVING THE LIVER AND THE BILIARY TREE; / HEPATIC FLEXURE.

(c): TWO-YEAR POST*HEMICOLECTOMY FOR ADENOCARCINOMA OF THE /

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1978

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that [X] (this hospital) attended the deceased from 11-02, 19 72, to 11-04, 19 72, that [X] (we) last saw the deceased alive on 11-04 19 72, and that in [X] (our) opinion death occurred on the date and hour and from the causes stated above, [X] (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry S. Crist, MD — DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]

22c. DATE SIGNED: 11-04-72

22d. PHYSICIAN'S NAME (Type): HENRY S. CRIST, M.D.

22e. ADDRESS: 7620 York Rd., Balto, Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/7/72	23c. NAME OF CEMETERY OR CREMATORY: Grave Run Cemetery	23d. LOCATION (City or Town) (County) (State): Millers, Md.	
24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.	ADDRESS: 3331 Brehms Lane, Balto. Md. 21213	25a. REC'D BY REGISTRAR DATE: NOV 8 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

17134

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17136

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: MARY	Middle: C.	Lost: ROACH	2a. DATE OF DEATH: Month 11 Day 23 Year 72	2b. HOUR: 2:50 A M
3. SEX: FEMALE	4. RACE: CAUCASIAN	5. DATE OF BIRTH: 08/03/41	6. AGE (In years last birthday): 31 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MD.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): GREATER BALTO. MED. CENT	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): SECRETARY	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO.	13c. CITY OR TOWN: ESSEX	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 621 DUNWICH WAY	
14. FATHER'S NAME First: THOMAS	Middle: C,	Lost: DIX JR.	15. MOTHER'S MAIDEN NAME First: IRMA	Middle: WHITE	Lost:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-38-7346	17. INFORMANT: ADMISSION SLIP	Address		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

201X

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

IMMEDIATE CAUSE (a): SYSTEMIC COMPLICATIONS OF HODGKINS DISEASE

DUE TO, OR AS A CONSEQUENCE OF

(b): STAGE IV B HODGKINS DISEASE

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): ANEMIA, THROMBOCYTOPENIA, LEUCOPENIA, FEVER

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] (If either, notify medicol examiner) UNDERLYING [ ] CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While ot work [ ] Not while ot work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote	

22a. **I certify** that [X] (this hospital) attended the deceased from 11/9, 1972, to 11/23, 1972, that [X] (we) last saw the deceased alive on 11/23 1972, and that in (my) (Our) opinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Frederick A Bauer M.D., DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/23/72	
22d. PHYSICIAN'S NAME (Type): F. BAUER, M.D.	22e. ADDRESS: 6701 N. CHARLES ST.		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/27/72	23c. NAME OF CEMETERY OR CREMATORY: GARDENS OF FAITH	23d. LOCATION (City or Town) (County) (State): BALTO. MD.	
24. FUNERAL DIRECTOR: J.G. CONNELLY	ADDRESS: 300 MACE	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Archaylor Watson	

DHMH-16 1/71 30M (VR A15 (4))

X

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17135 — 17137

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Lillian	Middle: C.	Last: Robinson	2a. DATE OF DEATH: Month Nov. Day 22, Year 1972	2b. HOUR: 5A M
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 1-22-1900	6. AGE (In years last birthday): 72 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Balto., Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Balto. 12	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 248 Rodgers Forge Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Ret'd. Teacher	12b. KIND OF BUSINESS OR INDUSTRY: Schools Balto. City		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: Balto. 12	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 248 Rodgers Forge Rd.	
14. FATHER'S NAME First: William	Middle: J.	Last: Childs	15. MOTHER'S MAIDEN NAME First: Lillian	Middle	Last: Edel
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-62-0835	17. INFORMANT: Mrs. Agnes C. Moritz	Address: 7103 Sheffield Rd. 21212	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute myocardial infarct — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO, OR AS A CONSEQUENCE OF

(b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from June 10, 1966, to Nov 2, 1972, that (I) ~~(we)~~ last saw the deceased alive on Nov 2, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: Nov 22/72.
22d. PHYSICIAN'S NAME (Type): Edwin J. Berstock M. D.		22e. ADDRESS: 302 E. 33rd Street

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-25-72	23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge	23d. LOCATION (City or Town): Pikesville,	(County) (State): Md.
24. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.	ADDRESS: 4905 York Road Balto., Md. 21212	25a. RECEIVED BY REGISTRAR DATE: NOV 24 1972	25b. REGISTRAR'S SIGNATURE: Lindsay H. Norton	

DHMH - 16 3/72 25M
(VR A15 (4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17136

17138

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the local director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

	First	Middle	Last
1. DECEASED-NAME (Type or print)	ROWENA	L.	ROCKWELL

2a. DATE OF DEATH: Month NOV. Day 17 Year 1972 — 2b. HOUR 9:45 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
F	W	9-26-1888	84 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
MD	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
RANDALLSTOWN	RANDALLSTOWN CONV. HOME	HOUSEKEEPER	HOME

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.	BALT.	CATONSVILLE	YES ☐ NO ☒	1311 BLACK FRIARS RD.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
LEO	LATHROUM		ODIE		HIGGS

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		212-32-3711	Horace F. Rockwell Jr	1311 Black Friars Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from May 24, 1971, to Nov. 17, 1972, that (I) (we) last saw the deceased alive on Nov. 9 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Abraham B Hurwitz		☒	☐	☐	Nov. 18, 1972

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ABRAHAM B HURWITZ MD	7501 Liberty Rd, Baltimore Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	11-20-72	Druid Ridge Cem.	Pikesville		Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Talley-Cavanaugh Ltd	Catonsville Md.	NOV 21 1972	Sidney J. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17137 17139

1. DECEASED-NAME (Type or print): First John; Middle Patrick; Last Rodgers
2a. DATE OF DEATH: Month 11 Day 9 Year 72
2b. HOUR: 6:10 a M
3. SEX: Male
4. RACE: Caucasian
5. DATE OF BIRTH: January 2,1907
6. AGE (In years last birthday): 65 YRS. IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: 21204 Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Manor Care-Ruxton
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Carpenter
12b. KIND OF BUSINESS OR INDUSTRY: Radio
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Balto.
13c. CITY OR TOWN: 21234
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 8524 Willow Oak Rd.
14. FATHER'S NAME First Patrick; Middle; Last Rodgers
15. MOTHER'S MAIDEN NAME First Inez; Middle; Last Haynie
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) 1924-27
16b. SOCIAL SECURITY NO. 213-07-0191
17. INFORMANT Address: Catherine Rodgers 8524 Willow Oak Rd.

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) NSCHD
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost.
4123
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Postural pulmonary disease

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medicol exominer)
21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 2/12, 19 66, to 11/9, 19 72, that (I) (we) last saw the deceased alive an 11/9, 19 72 and that in (my) (aur) apinion death occurred on the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE F. M. Dugan DEGREE ATTENDING PHYS. [✓] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED 11/10/72
22d. PHYSICIAN'S NAME (Type) F. M. Dugan, M.D.
22e. ADDRESS 15 E. Biddle St., Balto., Md.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/13/72
23c. NAME OF CEMETERY OR CREMATORY Lake View Mem. Park
23d. LOCATION (City or Town) (County) (State) Carroll Co., Md.
24. FUNERAL DIRECTOR ADDRESS Wm. E. Johnson 8521 Loch Raven Blvd.
25a. REC'D BY REGISTRAR DATE NOV 13 1972
25b. REGISTRAR'S SIGNATURE Lindwyn Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
DHMH-16 1/71 30M (VR A15 (4))

17138

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17140

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First: Irving	Middle: NMN	Last: Rosenthal	2a. DATE OF DEATH Month: 11 Day: 8 Year: 72
2b. HOUR: 6:47 P M	3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 4/9/18
6. AGE (In years last birthday): 54 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): N.Y.	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto. Co. General	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Social Security	12b. KIND OF BUSINESS OR INDUSTRY: Govt
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Randallstown	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 3813 Cherrybrook Rd.			
14. FATHER'S NAME First / Middle / Last: Abraham Rosenthal	15. MOTHER'S MAIDEN NAME First / Middle / Last: Esther Roth		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes give war or dates of service): WW 2	16b. SOCIAL SECURITY NO.: 119-10-9531	17. INFORMANT Address: MRS FLORENCE ROSENTHAL 3813 CHERRYBROOK RD	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CARDIOGENIC SHOCK, V.T. + V.F. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2-3 Hours

DUE TO, OR AS A CONSEQUENCE OF

(b): ANTERIOR & INFERIOR MI — weeks

DUE TO, OR AS A CONSEQUENCE OF

(c): CORONARY ARTERY DIS. — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

DIABETES M., RECURRENT PULMONARY EDEMA

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 7-25, 19 72, to 11-8, 19 72, that (I) (we) last saw the deceased alive on 11-8 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Edith C. Silver	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11-8-72	
22d. PHYSICIAN'S NAME (Type): BALTIMORE COUNTY GEN. HOSP.	22e. ADDRESS: OLD COURT RD.		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/10/72	23c. NAME OF CEMETERY OR CREMATORY: BETH EL MEMORIAL PARK	23d. LOCATION (City or Town) (County) (State): RANDALLSTOWN, MD.	
24. FUNERAL DIRECTOR: SOL LEVINSON & BROS	ADDRESS: 6010 REISTERSTOWN ROAD	25a. REC'D BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Watson	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17139 — 17141

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year
PHILIP	JOSEPH	ROSSO	Nov. 30, 1972

2b. HOUR: M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
male	caucasian	Sept. 10, 1905	67 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARITAL STATUS	9. COUNTY OF DEATH
Md. Baltimore	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Baltimore (Parkville)	2916 Onyx Rd.	shoemaker	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Balto.	Parkville	YES ☒ NO ☐	2916 Onyx Rd.

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
Salvatore Rosso	Josephine Piraino

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	214-01-0834	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sudden Death — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4134

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Arterial Disease

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☐	

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 11/5, 19 69, to 11/30, 19 72, that (I) (we) last saw the deceased alive on 9/19, 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Nathan Janney	MD	☒	☐	☐	12/1/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Dr. Nathan Janney	7101 Harford Rd, Balto, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	12-5-72	Most Holy Redeemer Cem.	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck, Inc.-Balto, Md.	DEC 4 1972	Sidney M. Watson

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17140 — 17142

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: JOHN	Middle: MARTIN	Last: ROTH, Sr.	2a. DATE OF DEATH Month: 11	Day: 9	Year: 1972	2b. HOUR: 12 PM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 12/26/1892	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.				
10. CITY OR TOWN OF DEATH: Catonsville Baltimore	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SHAHRI-LA 333 HARLEM LANE	12a. USUAL OCCUPATION (Kind of work done during most of working life; even if retired): Coffee Distributor	12b. KIND OF BUSINESS OR INDUSTRY: ---				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Balto.	13c. CITY OR TOWN: Balto	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER: 983 North Hill Rd			
14. FATHER'S NAME First: FRANK	Middle	Last: ROTH	15. MOTHER'S MAIDEN NAME First: HENRIETTA	Middle: Busch	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service): ~~Unknown~~ No --	16b. SOCIAL SECURITY NO.: 219-32-7116	17. INFORMANT: HELMA ROTH	Address: White Oaks Apts Balto. Md. 21228				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes
DUE TO, OR AS A CONSEQUENCE OF (b): Coronary Thrombosis — minutes
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Pulmonary Emphysema

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Jan, 1970, to 11/9, 1972 that (I) (~~we~~) last saw the deceased alive on 9/20 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
James Nolan		11/9/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
J. NOLAN	Baltimore Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/13/72	Holy Redeemer Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Sterling Funeral Estate 736 Edmondson Ave. Catonsville, Md. 21228	NOV 13 1972	Sidney P. Watson

VR-A 15 (4) 30M REV. 1/68

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17141 — 17143

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (VR A 15 (4)) 1/71 30M

1. DECEASED-NAME (Type or print)	First: Richard	Middle: E.	Last: Rouiller	2a. DATE OF DEATH: Month: November Day: 17 Year: 72	2b. HOUR: 12:42 PM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 7/14///23	6. AGE (In years last birthday): 49 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore, Baltimore Md.		
10. CITY OR TOWN OF DEATH: Baltimore	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Baltimore County General Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Electrician	12b. KIND OF BUSINESS OR INDUSTRY: Self		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 5219 Pembroke Ave.	
14. FATHER'S NAME First: Charles	Middle	Last: Rouiller	15. MOTHER'S MAIDEN NAME First: Helen	Middle	Last: Noell
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes give war or dates of service): WW 2	16b. SOCIAL SECURITY NO.: 218-26-7797	17. INFORMANT: Balto. County General Hospital	Address: 5401 Old Ct. Road.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF (b): ASHD

DUE TO, OR AS A CONSEQUENCE OF (c): Diabetes Mellitus Suspected

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 2509

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from 11/16, 19 72, to 11/17, 19 72, that (I) (we) last saw the deceased alive on 11/17, 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Andrew R Schwartz MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 11/17/72

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS: Balto. Co. Gen. Hosp.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-20-72	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn	23d. LOCATION (City or Town): Balto.	(County) (State): Md.
24. FUNERAL DIRECTOR: John T. Stansbury	ADDRESS: 6411 Windsor Mill Rd	25a. REC'D BY REGISTRAR DATE: NOV 21 1972	25b. REGISTRAR'S SIGNATURE: Sidney M Norton	

VKE 17142

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17144

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
MARGARET	A.	ROWLES	11- 3- 72	A 10:10

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
FEMALE	CAUC.	1-5-97	75 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
MARYLAND	U.S.A.	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	BALTIMORE, Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TOWSON	G.B.M.C. 6701 N. CHARLES ST.	At Home	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.	BALTO.	RANDALLSTOWN	YES [ ] NO [X]	3612 BLACKSTONE RD. 21133

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
EDWARD HERRING (DEC.)	CRUM

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address	
		Leonard B Rowles - Same	G.B.M.C. ADMISSION SLIP

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1541 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) INTESTINEL OBSTRUCTION

DUE TO, OR AS A CONSEQUENCE OF (c) CARCINOMA OF RECTUM

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT WAS / OR CONTRIBUTING / CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
UNDERLYING [ ]		

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 10-31-, 19 72, to 11-3-, 19 72, that (I) (we) last saw the deceased alive on 11-3- 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
A.M. Omar		[ ]	[ ]	[ ]	11-3-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
DR. A.M. OMAR	G.B.M.C. 6701 N. CHARLES ST. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Cremation	11-6-72	Security Process, Incorp.	Baltimore, Md

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Armacost Funeral Chapel - 4600 Liberty Hghts Ave	NOV 10 1972	Sidney L. Sachs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1771 30M (VR A15 (4))

Items 18-22a Film 453 11/22/72

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17143

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17145

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH ☒ ESTIMATED ☐ Month	Day	Year	2b. HOUR
Eliott	M.	Rubinstein	11	7	1972	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month / Day / Year	2d. HOUR
male	White	JULY 5, 1949	23 YRS.			11 / 7 / 1972	6:28 PM

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
BALTIMORE, MD.	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
~~XXXXXX~~RANDALLSTOWN	Balto. General Hospital	TEACHER	SCHOOL

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Balto.	Randallstown	YES ☐ NO ☐	3920 Noyes Circle

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
ALBERT		RUBINSTEIN	BERNICE		KAMOROFF

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	212-48-1938	MRS. SUSANNE RUBINSTEIN, 3920 NOYES CIRCLE APT. 101

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sinequan overdose — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

9502

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	unk 11/7/ 1972	Subject ingested sinequan

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State
	Home	Randallstown Balto. Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11/8/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/9/72	MIKRO KODESH	BALTIMORE, MARYLAND

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD	NOV 14 1972	Sidney H Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 (VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

17144 — Add. info. added Film GL5h 12/8/72 — 17146

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: NANCY	Middle: LOWE	Last: RUDE	2a. DATE OF DEATH Month: 11 Day: 25 Year: 72	2b. HOUR: 4:10 A M
3. SEX: FEMALE	4. RACE: CAUC.	5. DATE OF BIRTH: 6/21/ 14	6. AGE (In years last birthday): 58 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): TEXAS	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): GBMC	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY: Own Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: Baltimore ~~SPARKS~~	13c. CITY OR TOWN: Sparks	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: Greenville ~~GREENVILLE~~ FARM	
14. FATHER'S NAME First: HENRY	Middle:	Last: WEBBER	15. MOTHER'S MAIDEN NAME First: MERCEDES	Middle: Lowe	Last: ~~LOWE~~
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No Yes None Army	16b. SOCIAL SECURITY NO.: 049-01-583	17. INFORMANT: ADMISSION FORM	Address:		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): METASTATIC CARCINOMA OF COLON
1538
DUE TO, OR AS A CONSEQUENCE OF
(b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that [X] (this hospital) attended the deceased from 10/19, 1972, to 11/25, 1972, that [X] (we) last saw the deceased alive on 11/25 19 72 and that in [X] (our) opinion death occurred on the date and hour and from the causes stated above. [X] (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: A. F. Nazemi M.D.	DEGREE	ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11,25,72
22d. PHYSICIAN'S NAME (Type): A. F. Nazemi, M.D.	22e. ADDRESS		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 28 1972	23c. NAME OF CEMETERY OR CREMATORY: Immanuel Church Cemetery	23d. LOCATION (City or Town): Glencoe Md	(County) (State)
24. FUNERAL DIRECTOR: John Burns Sons Towson, Md.	ADDRESS	25a. RECEIVED BY REGISTRAR DATE: NOV 28 1972	25b. REGISTRAR'S SIGNATURE: Lindsay N. Norton	

OHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

17145 17147

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-1871 (11-71) 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Norman	Middle: PxxxX	Last: Rudo	2a. DATE OF DEATH: 11 Month 4 Day 72 Year	2b. HOUR: 8:30 AM	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 4/20/23	6. AGE (In years last birthday): 49 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): BALTIMORE, MD.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balto. Co. Gen.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Purchasing Agent	12b. KIND OF BUSINESS OR INDUSTRY: PUBLICATIONS			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto.	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: 3401 Redman Rd.		
14. FATHER'S NAME First: Harry	Middle	Last: Rudo	15. MOTHER'S MAIDEN NAME First: Gertrude	Middle	Last: Higger	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: MRS. JANICE RUDO, 3401 REDMAN ROAD #21207				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CARDIOGENIC SHOCK — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few minutes

DUE TO, OR AS A CONSEQUENCE OF

(b): ARTERIOSCLEROTIC CARDIOVASCULAR disease — years

DUE TO, OR AS A CONSEQUENCE OF

(c): Hepatic failure — days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 10-19, 1972, to 11-4, 1972, that (I) (we) last saw the deceased alive on 10-4 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Ephraim Barzaga	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11-4-72	
22d. PHYSICIAN'S NAME (Type): EPHRAIM BARZAGA	22e. ADDRESS: BALTO. COUNTY GEN. HOSPITAL		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/5/72	23c. NAME OF CEMETERY OR CREMATORY: ANSHE EMUNAH CONG.	23d. LOCATION (City or Town): WASHINGTON BLVD	(County) (State)
24. FUNERAL DIRECTOR: SOL LEVINSON & BROS	ADDRESS: 6010 REISTERSTOWN ROAD	25a. REC'D BY REGISTRAR DATE: NOV 8 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

1

FOR STATE HEALTH DEPT.

17146

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17148

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending," in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours of death.

1. DECEASED-NAME (Type or Print) First / Middle / Last: CLIFFORD W. RUMMINGS				2a. DATE OF DEATH: KNOWN ☑ ESTIMATED ☐ Month 11 Day 29 Year 1972	2b. HOUR 1:15 P.M.
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 12/29/22	6. AGE (In years last birthday): 49 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month 11 Day 29 Year 1972	2d. HOUR 2:20 P.M.
7a. BIRTHPLACE (State or foreign country): PA.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTO Md.		
10. CITY OR TOWN OF DEATH: ESSEX	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 1308 WILSON PT. RD	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY: AUTO		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO	13c. CITY OR TOWN: ESSEX	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: 1308 WILSON PT. RD	
14. FATHER'S NAME First / Middle / Last: CHARLES RUMMINGS		15. MOTHER'S MAIDEN NAME First / Middle / Last: MARY NORRIS			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 184-18-7016	17. INFORMANT: ROSEMARY RUMMINGS	ADDRESS: WIFE		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gun Shot Wound Thru left
DUE TO, OR AS A CONSEQUENCE OF
(b): Bullet Lead - .243 MAGNUM
DUE TO, OR AS A CONSEQUENCE OF
(c):
955X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): None

19a. DATE OF OPERATION: None	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year; HOUR A.M. / P.M.: 11-29-72	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.): Shot Self
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: 1308 Wilson Rd - Middle Run 20 - Balto 2

22a. **I certify** that I taak charge af the remains described abave, held an Autapsy ☐, Inspectian ☐, Inquiry ☐, and in my opinian death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type)
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ADDRESS(Street, city, town, or county)

22b. **DATE SIGNED** 11/29/72

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: 12/2/72	23c. NAME OF CEMETERY OR CREMATORY: CROWNEREST	23d. LOCATION (City or Town) (County) (State): CLEARFIELD PA.	
24. FUNERAL DIRECTOR: J.G. CONNELLY	ADDRESS: 300 MACE	25a. REC'D BY REGISTRAR DATE: DEC 4 1972	25b. REGISTRAR'S SIGNATURE: Sidney M. Norton	

DHMH-17 1/71 10M
(VR A15ME (5))

FOR STATE HEALTH DEPT.

17147

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17149

1. DECEASED-NAME (Type or Print)	First: Earl	Middle: F.	Last: Rutter	2a. DATE KNOWN OF DEATH ESTIMATED ☑	Month: Nov.	Day: 25,	Year: 19 72	2b. HOUR: 2 P M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 10/16/08	6. AGE (In years last birthday): 64 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month November Day 25 Year 19 72		2d. HOUR: 5 45 P M
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.					
10. CITY OR TOWN OF DEATH: Dundalk	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 8102 Eleanor Terrace	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Machinist - Airco Welding Products	12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission.) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Dundalk	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 8102 Eleanor Terrace				
14. FATHER'S NAME First: Lloyd	Middle: F.	Last: Rutter	15. MOTHER'S MAIDEN NAME First: Adaline	Middle:	Last: Winnick			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 715-12-1202	17. INFORMANT: (Wife) 8102	ADDRESS: Eleanor Terrace Mrs. Gladys Rutter, Balto. Md. 21222					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY OCCLUSION 4100
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) HYPERTENSIVE HEART DISEASE
DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 NONE	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: M Davis M.D.
EXAMINER'S NAME (Type): Melvin B. Davis, M. D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): 6800 Mornington Road Dundalk, Maryland
22b. DATE SIGNED: 11/27/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/29/72	Odd Fellows Cemetery	Rockhill Furnace, Pa.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John J. Duda,	7922 Wise Ave. Dundalk, Md.	NOV 28 1972	Sidney H Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 8. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR A15ME (5))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17148 17150

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Antoni	Middle	Lost: Sakowicz	2a. DATE OF DEATH Month: November Day: 20, Year: 1972	2b. HOUR: M
3. SEX: Male	4. RACE: Cau	5. DATE OF BIRTH: Jan. 17, 1888	6. AGE (In years last birthday): 84 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Poland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Middle River 21220	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Box 168 Chester Rd.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Janitor	12b. KIND OF BUSINESS OR INDUSTRY: Hotel	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: 21220 Middle River	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Box 168 Chester Rd.
14. FATHER'S NAME First: Leo	Middle	Lost: Schap	15. MOTHER'S MAIDEN NAME First: Catherine ?	Middle / Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): -	16b. SOCIAL SECURITY NO.: 214 14 5664	17. INFORMANT: Marie A. Schap	Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion
DUE TO, OR AS A CONSEQUENCE OF (b): Art. scl. cardiovasc. disease
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.
4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immed / Many Years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Parkinsons disease

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this haspitol) attended the deceased from Apr, 19 71, to Nov 20, 19 72, thot (I) (we) lost saw the deceased alive an Nov 19 19 72, and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE AND DEGREE: [signature] M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ 22c. DATE SIGNED: 11/20/72

22d. PHYSICIAN'S NAME (Type): Louis Semenoff, M.D. 22e. ADDRESS: 2108 Orems Rd. Balto., Md. 21220

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 11/22/72	23c. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore Md.
24. FUNERAL DIRECTOR: Brudzinski Funeral Home	ADDRESS: 1407 Eastern Ave.	25a. REC'D BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Sidney L. Sexton

VR A15 (4)
25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17149 — 17151

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First MARTIN P. Middle Last SCHEPERS

2a. DATE OF DEATH: Month Nov. Day 24 Year 1972

2b. HOUR: 7 00 PM

3. SEX: male

4. RACE: white

5. DATE OF BIRTH: Jan. 13, 1906

6. AGE (In years last birthday): 66 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Parkville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 3048 Woodside

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Draftsman

12b. KIND OF BUSINESS OR INDUSTRY: Coast Guard

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Balto.

13c. CITY OR TOWN: Parkville

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: 3048 Woodside Ave,

14. FATHER'S NAME: First Joseph Middle Last Schepers

15. MOTHER'S MAIDEN NAME: First Mary Middle Last Hinkel

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO. 220 07 8332

17. INFORMANT: neighbor — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac failure

DUE TO, OR AS A CONSEQUENCE OF: A SCVD

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c): Pulmonary Emphysema.

492X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 months / years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natity medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify thot (I) (this hospitol) ottended the deceased from _____, 1963, to Nov 24, 1972, that (I) (we) last saw the deceased alive on Oct 1972 and thot in (my) (our) opinion deoth occurred on the dote ond hour and from the couses stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Geo H. Beck

DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 11/27/72

22d. PHYSICIAN'S NAME (Type): George H. Beck, M.D.

22e. ADDRESS: 6012 Harford Rd.

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 11/29/72

23c. NAME OF CEMETERY OR CREMATORY: Sunny Ridge

23d. LOCATION (City or Town) (County) (State): Crisfield, Somerset, Md.

24. FUNERAL DIRECTOR: C. F. EVANS & SON — ADDRESS: 8802 Harford Rd.

25a. REC'D BY REGISTRAR DATE: NOV 28 1972

25b. REGISTRAR'S SIGNATURE: Audrey H. Norton

DHMH - 163/72 25M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17150 — 17152

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Joseph	Middle: E.	Last: Scherer Sr	2a. DATE OF DEATH Month: Nov	Day: 18	Year: 1972	2b. HOUR: 7 A.M.
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 11 1893	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 7001 North Charles St	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Store Keeper	12b. KIND OF BUSINESS OR INDUSTRY: General				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Balto.	13c. CITY OR TOWN: Carney	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 9524 Harford Rd			
14. FATHER'S NAME First: Charles	Middle: C.	Last: Scherer	15. MOTHER'S MAIDEN NAME First: Anna	Middle: E	Last: Bolst		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-32-2894	17. INFORMANT: C. Russel Scherer	Address: Same			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic Cardio Vasc disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF (b): with Congestive heart failure

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Malnutrition

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from Oct, 19 71, to Nov, 19 72, that (I) (we) last saw the deceased alive on Nov 11 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Frank Kasik Jr. DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 11/19/72

22d. PHYSICIAN'S NAME (Type): Frank T. Kasik Jr.

22e. ADDRESS: 9005 Harford Rd.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 21 1972	23c. NAME OF CEMETERY OR CREMATORY: Parkwood	23d. LOCATION (City or Town): Balto.	(County): Md. (State)

24. FUNERAL DIRECTOR: Chas. F. Evans & Son — ADDRESS: 8802 Harford Rd.

25a. RECD BY REGISTRAR DATE: NOV 22 1972

25b. REGISTRAR'S SIGNATURE: Sidney M Norton

DHMH - 16 3/72 25M
(VR A15 (4))

1

17151

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17153

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2o. DATE OF DEATH Month Day Year	2b. HOUR
Carolyn	Lee	Schiebel	11 5 72	3:50 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN
Female	White	4-13-41	31 YRS.		

7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Baltimore, Md.	United States		Baltimore County Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Owings Mills	Rosewood State Hospital	None	

13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER
Maryland		Baltimore	☒	3404 Southern Avenue

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
Herbert Alfred Scheibel	Gertrude Virginia Schram

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	None	Mr. Herbert A. Schiebel Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardio-Vascular & respiratory degenerative disease	- 21 days +
DUE TO, OR AS A CONSEQUENCE OF (b)	Frequent aspiration pneumonia, infections, Decubitus ulcers, & Neuromascular degeneration besides non-ambulatory, spastic, with Nasogastric tube feed	+ 4 yrs (Several)
DUE TO, OR AS A CONSEQUENCE OF (c)	Encephelopathy due to post-natal cerebral injn, Chronic Brain Syndrome, Convulsive disorder, Quadriplegia	23 + yrs -

333X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

—

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that ~~I~~ (this hospital) attended the deceased from 12-17, 1948, to 11-5-, 1972, that ~~I~~ (we) last saw the deceased alive on 11-5 1972, and that in (~~my~~) (aur) apinion death accurred an the date and haur and from the causes stated abave, ~~I~~ (we) (did) (~~did not~~) view the bady after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
N.M.L. Borkhataria	ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	11-5-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
N.M.L. BORKHATARIA	Rosewood State Hospital Owings Mills Md. 21117

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/8/72	Western Cemetery	Baltimore Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck Inc. 5305 Harford Rd.	NOV 8 1972	Audrey H. Norton

VR A15 (4) 45M - 1-69

16 1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17152 — 17154

1. DECEASED-NAME (Type or print): First MARGARET Middle — Last Schluderberg

2a. DATE OF DEATH: Month 11 Day 25 Year 72 — 2b. HOUR 1250 PM

3. SEX: FEMALE — 4. RACE: White — 5. DATE OF BIRTH: 8/27/87 — 6. AGE (In years last birthday): 85 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): MARYLAND — 7b. CITIZEN OF WHAT COUNTRY?: AMERICA — 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 9. COUNTY OF DEATH: BALTIMORE County Md.

10. CITY OR TOWN OF DEATH: Towson — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MANOR CARE RUXTON — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker — 12b. KIND OF BUSINESS OR INDUSTRY: Own Home

90 03

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland — 13b. COUNTY: Baltimore — 13c. CITY OR TOWN: Towson — 13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: 8219 Loch Raven Blvd.

1

14. FATHER'S NAME First: Unknown — Middle — Last

15. MOTHER'S MAIDEN NAME First: Unknown — Middle — Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): None — 16b. SOCIAL SECURITY NO. — 17. INFORMANT: Family records — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CA of OVARY & Ascites. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1830

DUE TO, OR AS A CONSEQUENCE OF

(b): 45 CVD

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

X

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED — 20a. AUTOPSY? YES ☐ NO ☐ — 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) — 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) — 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this haspital) attended the deceased from _____, 19____, ta _____, 19____, that (I) (we) last saw the deceased alive an _____ 19____, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Anselmo M. Alliegro — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11/27/72.

1

22d. PHYSICIAN'S NAME (Type): ANSELMO M. ALLIEGRO M.D. — 22e. ADDRESS: 6800 Rier Gaum Blvd 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: Nov. 28, 1972 — 23c. NAME OF CEMETERY OR CREMATORY: Lorraine Park Mausoleum — 23d. LOCATION (City or Town) (County) (State): Woodlawn, Maryland

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland — ADDRESS — REG'D BY REGISTRAR DATE: NOV 28 1972 — 25b. REGISTRAR'S SIGNATURE: Sidney h Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17153 — 17155

CERTIFICATE OF DEATH

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Henry	Middle: J.	Last: Schmid	2a. DATE OF DEATH Month: NOV	Day: 9	Year: 72	2b. HOUR: 930 PM
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 6-18-1899	6. AGE (In years last birthday): 73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): ?	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: Pikesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 4412 Old Court Road.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): retired ?	12b. KIND OF BUSINESS OR INDUSTRY: —			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: SAME	13b. COUNTY: Balto	13c. CITY OR TOWN: Pikesville	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 4412 Old Court Rd		
14. FATHER'S NAME First: Henry	Middle: John	Last: Schmid	15. MOTHER'S MAIDEN NAME First: Mary	Middle: Pikesville Md.	Last: Logan	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): W. W. I.	16b. SOCIAL SECURITY NO.: 216-01-8882	17. INFORMANT: Mrs. Ethel Lule Schmid	Address: 4412 Old Court Rd		

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate

4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD — ?

DUE TO, OR AS A CONSEQUENCE OF (c): —

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): —

MEDICAL CERTIFICATION

19a. DATE OF OPERATION: —	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner): UNDERLYING ☐ — 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) — 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 9 NOV, 1972, to 9 NOV, 1972, that (I) (we) last saw the deceased alive on 9 NOV 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: Harry M. Walen M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: —

22d. PHYSICIAN'S NAME (Type): HARRY M. WALEN — 22e. ADDRESS: 9115 Reisterstown Rd 21117

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 12, 1972	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery	23d. LOCATION (City or Town): Baltimore	(County):	(State): Md.
24. FUNERAL DIRECTOR: Frank H. Newell & Son	ADDRESS: Pikesville, Md.	25a. RECD BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Audrey Morton		

VS-2 (4) 25M-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17154 17156

1. DECEASED-NAME (Type or print): First ROSA Middle Z. Last SCHOENBERGER
2a. DATE OF DEATH: Month Nov. Day 23, Year 1972.
2b. HOUR: 12:30 A.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: Dec. 12, 1895.
6. AGE (In years last birthday): 76 XX YRS. IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore, Md.
10. CITY OR TOWN OF DEATH: Parkville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 7837 High Point Road
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Balto.
13c. CITY OR TOWN: Balto.
13d. INSIDE CITY LIMITS? YES ☐ NO XX
13e. STREET AND NUMBER: 7837 High Point Road
14. FATHER'S NAME: First John Middle Last Zimmerer
15. MOTHER'S MAIDEN NAME: First Margaretha Middle Last Maier
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16b. SOCIAL SECURITY NO. (If yes give war or dates of service): 213-74-1299
17. INFORMANT: Mr. John Xavier Schoenberger Address: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral accident
DUE TO, OR AS A CONSEQUENCE OF (b): Hypertension C.V. Accident
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerosis
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 277X
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate; 4 yrs
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 10, 19 67 to 11/23, 19 72, that (I) (~~we~~) last saw the deceased alive on 11/17, 19 72, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.
22b. SIGNATURE: Leonard L Richter MD DEGREE
ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11/27/72
22d. PHYSICIAN'S NAME (Type): Conrad Richter MD.
22e. ADDRESS: 3128 Harford Rd. Balto. Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/27/72
23c. NAME OF CEMETERY OR CREMATORY: Gardens of Faith
23d. LOCATION (City or Town) (County) (State): Balto. Md.
24. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md.
25a. REC'D BY REGISTRAR DATE: NOV 28 1972
25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71-30M (VR A15 7-71)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17155 — 17157

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (Rev. 7-72) 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Frank	Middle: XX	Last: Schonfeld	
2a. DATE OF DEATH	Month: 11	Day: 16	Year: 72	2b. HOUR: 12:05 A M
3. SEX	Male			
4. RACE	White			
5. DATE OF BIRTH	10/15/00			
6. AGE (In years last birthday)	72 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Russia			
7b. CITIZEN OF WHAT COUNTRY?	USA			
8. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]				
9. COUNTY OF DEATH	Baltimore, Baltimore Md.			
10. CITY OR TOWN OF DEATH	~~RANDALLSTOWN~~			
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Balto. County General Hospital			
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	PRINTER			
12b. KIND OF BUSINESS OR INDUSTRY	SELF EMPLOYED			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland			
13b. COUNTY	Balto.			
13c. CITY OR TOWN	Balto.			
13d. INSIDE CITY LIMITS? YES [ ] NO [x]				
13e. STREET AND NUMBER	3045 Essex Rd. Apt. B			
14. FATHER'S NAME	First: Isadore	Middle: NMI	Last: Shonfeld	
15. MOTHER'S MAIDEN NAME	First: Anna	Middle: NMI	Last: Gerber	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	no	(If yes give war or dates of service)		
16b. SOCIAL SECURITY NO.	217-20-7417			
17. INFORMANT	MRS. SIGMAN FLOYER	Address: 13442 CARRIAGE HILL CIR. #21133		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebrovascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

4360

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b): Severe hypertension

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): myocardial infarction, acute

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.)
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 11-14, 19 72 to 11-16, 19 72, that (I) (we) last saw the deceased alive an 11-15 19 72 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE: Ephraim Barzaga — DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [x]		22c. DATE SIGNED: 11-16-72
22d. PHYSICIAN'S NAME (Type): EPHRAIM BARZAGA	22e. ADDRESS: BALTO. County Gen. Hospital	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	11/16/72	WORKMEN CIRCLE	BALTIMORE, MARYLAND	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
SOL LEVINSON & BROS.,	6010 REISTERSTOWN ROAD	NOV 20 1972	Sidney M Norton	

1

17156

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17158

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or print) First	MARY	Middle M.	Last SCHUBERT
2a. DATE OF DEATH Month Day Year	November 27, 1972		2b. HOUR 4:35 P.M.
3. SEX	Female		
4. RACE	White		
5. DATE OF BIRTH	April 25, 1895		
6. AGE (In years last birthday)	77 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7o. BIRTHPLACE (State or foreign country)	Balto., Md.		
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.		
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐			
9. COUNTY OF DEATH	Baltimore Md.		
10. CITY OR TOWN OF DEATH	Eastwood		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	453 Pembrooke Blvd.		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired		
12b. KIND OF BUSINESS OR INDUSTRY	House Work		
13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.		
13b. COUNTY	Balto.		
13c. CITY OR TOWN	Eastwood		
13d. INSIDE CITY LIMITS? YES ☐ NO ☒			
13e. STREET AND NUMBER	453 Pembrooke Blvd.		
14. FATHER'S NAME First	Conrad Hagen	Middle	Last
15. MOTHER'S MAIDEN NAME First	Kunigunda	Middle	Last Dorfler
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	No	(If yes give war or dates of service) ------	
16b. SOCIAL SECURITY NO.	NONE		
17. INFORMANT	Miss Margaret Schubert	Address	Same.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (o), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral accident. — Paralysis. —

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

4369

Conditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at wark ☐ Nat while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town County Stote

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from Jan. , 19 64, to 11/27, 19 72, that (I) (~~we~~) last sow the deceased alive on 11/25 19 72, ond thot in (my) (~~our~~) opinion death occufred on the dote ond hour ond from the causes stated obave, (I) (~~we~~) (did) (~~did not~~) view the body ofter deoth.

22b. SIGNATURE	Joseph R. Liberto MD	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐
22c. DATE SIGNED	11/28/72				
22d. PHYSICIAN'S NAME (Type)	JOSEPH R. LIBERTO				
22e. ADDRESS	3508 Bank St., Balto., 21224, Md.				

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	Nov. 30, 1972	Holy Redeemer Cem.	4430 Belair Rd., Balto., Md	
24. FUNERAL DIRECTOR	Charles S. Zeiler	ADDRESS	6224 Eastern Ave. Balto., 21224, Md.	
25a. REC'D BY REGISTRAR DATE	NOV 30 1972	25b. REGISTRAR'S SIGNATURE	Sidney H. Norton	

VR A15 (4) 45M - 1-69

13 1

17157

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17159

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Herman	Middle: E.	Last: Schwartz	2a. DATE OF DEATH Month: 11	Day: 28	Year: 72	2b. HOUR: 1 P M
3. SEX: male	4. RACE: caucasian	5. DATE OF BIRTH: 11-28-1894	6. AGE (In years lost birthday): 78 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Md	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Manor Care Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Electrical Eng.	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Baltimore	13c. CITY OR TOWN: ~~Phoenix~~	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 4011 Green Glade Rd			
14. FATHER'S NAME First: E.	Middle: F	Last: Schwartz	15. MOTHER'S MAIDEN NAME First: Anna	Middle:	Last: Richard		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WW 1	16b. SOCIAL SECURITY NO.: 212-05-4753	17. INFORMANT: Mrs Ida S Millard	Address: Same			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ca of larynx — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11 months
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
1619
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION: 10-2-72	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca of larynx	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?: yes
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from ____, 19 72, to 11, 19 72, that (I) (we) last saw the deceased alive on 11-28 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Walter T. Kees	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11-28-72	
22d. PHYSICIAN'S NAME (Type): M. WALTER T. KEES	22e. ADDRESS: Cockeysville Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12/1/72	23c. NAME OF CEMETERY OR CREMATORY: Parkwood	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland
24. FUNERAL DIRECTOR: Leonard J Ruck Inc. Ruck	ADDRESS: 5505 Harford Rd. Baltimore, Md	25a. REC'D BY REGISTRAR DATE: DEC 1 1972	25b. REGISTRAR'S SIGNATURE: Sidney Watson

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17158 — 17160

Item#10, Film 454 12/1/72 kam

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First / Middle / Last	Clara Naomi Sevier	2a. DATE OF DEATH Month Day Year	November 18, 1972	2b. HOUR	3 PM
3. SEX	Female	4. RACE	Cau	5. DATE OF BIRTH	May 1, 1915
6. AGE (In years last birthday)	57 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Md.	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.				
10. CITY OR TOWN OF DEATH	Dundalk	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	2910 Dunmary Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Bookeeper
12b. KIND OF BUSINESS OR INDUSTRY	Paint				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	Balto.	13c. CITY OR TOWN	
13d. INSIDE CITY LIMITS?	YES ☐ NO ☒	13e. STREET AND NUMBER	2028 Wareham Ave.		
14. FATHER'S NAME First / Middle / Lost	Greenbury M. Sevier	15. MOTHER'S MAIDEN NAME First / Middle / Last	Rosa B. Johnson		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	NO	(If yes give war or dates of service)		16b. SOCIAL SECURITY NO.	214 03 6031
17. INFORMANT Address	Mrs. Audrey S. David 2910 Dunmary Roa				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1621
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) with metastasis
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Diabetes Mellitus

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 11/1/68, to 11/18/68 that (I) (we) last saw the deceased alive on 11/18/1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Theo C Patterson — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED 11/20/72

22d. PHYSICIAN'S NAME (Type) Theodore C. Patterson M.D. — 22e. ADDRESS 3427 Dundalk Ave. 21222

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	21 Nov. 1972	Oaklawn Cemetery	Baltimore, Maryland	
24. FUNERAL DIRECTOR ADDRESS	Ullrich Funeral Home Dundalk, Md. 21222	25a. REC'D BY REGISTRAR DATE	NOV 22 1972	25b. REGISTRAR'S SIGNATURE Sidney L Sinton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 444 S (4) 45M 5/69

17159

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17161

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
ROBERT		SHAPIRO	NOVEMBER 15, 1972	6:15A.M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
MALE	WHITE	1/22/1922	50 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH
BALTIMORE, MD.	USA		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TOWSON	MANOR CARE NURSING HOME	COPY WRITER	ADVERTISING

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND		BALTIMORE	YES ☐ NO ☐	101 E. MT. ROYAL AVENUE

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
PINCUS		SHAPIRO	REGINA		LEWKO

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO		215-18-5320	MR. PAUL SHEFFARD, 105 LINN DR., VERONA, N.J.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardio Resp Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: - acute

DUE TO, OR AS A CONSEQUENCE OF

(b) Post Resection of Meningioma — 2yrs.

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 10-10, 1972 to 10-14, 1972, that (I) (we) last saw the deceased alive on 10-14 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Richard Maffezzoli, MD.		☒	☐	☐	11-15-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
RICHARD MAFFEZZOLI	1134 YORK ROAD

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/16/72	FORBAND	ROSEDALE, MARYLAND

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD	NOV 20 1972	Sidney H. Norton

DHMH - 163/72 25M (VR A15 (4))

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17160 — 17162

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

AHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: George	Middle: D	Last: Sheckells	2a. DATE OF DEATH Month: 11 Day: 27 Year: 72	2b. HOUR: 6:13 M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 2-2-09	6. AGE (In years lost birthday): 63 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): St. Joseph	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Gen. Foreman	12b. KIND OF BUSINESS OR INDUSTRY: Chrysler Corp.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Parkville	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 2501 Taylor Ave.	
14. FATHER'S NAME First: John	Middle	Last: Sheckells	15. MOTHER'S MAIDEN NAME First: Mattie	Middle	Last: Thompson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-10-4314	17. INFORMANT: Mrs Velma A Smith	Address: Same		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure.
~~DUE TO, OR AS A CONSEQUENCE OF~~
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b) Secondary coronary insufficiency.
DUE TO, OR AS A CONSEQUENCE OF
(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that ☒ (this hospital) attended the deceased from 11-6, 19 72, to 11-27, 19 72, that ☒ (we) last saw the deceased alive on 11-27 19 72, and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above, ☒ (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: O. C Rhee	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11-27-72	
22d. PHYSICIAN'S NAME (Type): O.C. Rhee, M.D.	22e. ADDRESS: 7620 York Rd. Towson, Md. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12/1/72	23c. NAME OF CEMETERY OR CREMATORY: Dulaney Valley	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR ADDRESS: Leonard J Ruck Inc. Baltimore, Maryland	25a. REC'D BY REGISTRAR DATE: NOV 29 1972	25b. REGISTRAR'S SIGNATURE: Audrey H Norton		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17161 17163

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: MOLLIE	Middle:	Last: SHERMAN	2a. DATE OF DEATH Month: NOVEMBER Day: 19, Year: 1972
2b. HOUR: 6 A.M			
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: JANUARY 15, 1901	6. AGE (In years last birthday): 71 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): RUSSIA	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: PIKESVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MILFORD MANOR NURSING HOME	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY: AT HOME
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 6608 DEANCROFT ROAD #21209			
14. FATHER'S NAME First: JACOB	Middle:	Last: CLETSKY	15. MOTHER'S MAIDEN NAME First: FANNIE Middle: Last: SCHWARTZ
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes give war or dates of service): NO	16b. SOCIAL SECURITY NO.: 216-05-4562B	17. INFORMANT Address: MR. EDWARD SHERMAN, 6608 DEANCROFT ROAD #21209	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Myocardial Insufficiency

DUE TO, OR AS A CONSEQUENCE OF (b): A.S.C.V.D.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Multiple C.V.As.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from [ ], 19 56, to Nov 19, 1972, that (I) (we) last saw the deceased alive on 11/19/1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Leonard Kotz M.D.	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/20/72	
22d. PHYSICIAN'S NAME (Type): LEONARD KOTZ	22e. ADDRESS: 11 SLADE AVENUE		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/20/72	23c. NAME OF CEMETERY OR CREMATORY: AITZ CHAIM	23d. LOCATION (City or Town) (County) (State): BALTIMORE, MARYLAND	
24. FUNERAL DIRECTOR ADDRESS: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD	25a. RECD BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton		

DHMH - 163 72 25M
(VR A15 (4))

10 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17162 17164

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Benjamin	Harrison	Shields	11 11 1972	14 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
Male	White	Nov. 10, 1888	84 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Md.	USA	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Rodgers Forge	422 Hopkins Rd.	retired salesman	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Balto	Rodgers Forge	YES [ ] NO [X]	422 Hopkins Rd.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Thomas		Shields	Ella		Ramsey

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
	217 01 6562A	Mrs. Louise C. Shields	same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Cardiac Failure
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4409

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner) UNDERLYING [ ] CAUSE OF DEATH [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify thot (I) (this hospitol) attended the deceased from _____, 19____, to Nov. 11, 1972, that (I) (~~we~~) last saw the deceased alive on Nov 11 1972, and that in (my) (~~our~~) apinian death accurred an the date and hour and from the couses stated above, (I) (~~we~~) (did) (~~did nat~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Laurence C. Post M.D.		[X]	[ ]	[ ]	11/13/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
LAURENCE C. Post	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	11/14/72	Loudon Park Cemetery	Baltimore	Balto	Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Mitchell Wiedefeld Home 6500 York Rd.	NOV 16 1972	Sidney H Norton

VR A 15 (4) 20m-7/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17163 — 17165

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 1 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Lela	Middle: B.	Last: Shores	2a. DATE OF DEATH Month: 11	Day: 8	Year: 72	2b. HOUR: 11 50 P.M
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 1-2-1889	6. AGE (In years last birthday): 83 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Balto. Md.				
10. CITY OR TOWN OF DEATH: Balto. 12	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Armacost Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY: Own Home				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: —	13c. CITY OR TOWN: Balto 18	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 1531 E. 33rd St. 21218			
14. FATHER'S NAME First: John	Middle	Last: Lawson	15. MOTHER'S MAIDEN NAME First: Catherine	Middle	Last: Wilson		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Mr. John L. Shores	Address: Same			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute heart failure as result of hypertensive
DUE TO, OR AS A CONSEQUENCE OF (b): arteriosclerotic cadded vascular disease.
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. 4122
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: many years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Paralysis, rt, due to cerebral thrombosis.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 7-9, 1958, to 11-8, 1972, that (I) (~~we~~) last saw the deceased alive on 11-8 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: Alfred G Ossman Jr MD — DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11-9-72

22d. PHYSICIAN'S NAME (Type): Alfred G. Ossman, Jr. M.D. — 22e. ADDRESS: 1101 St. Paul St.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-11-72	Baltimore Cemetery	Baltimore, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Henry W. Jenkins Sons 4905 York Rd. Baltimore, Maryland 21212	NOV 10 1972	Lindsay H Norton

17164

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17166

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: DR. CHARLES	Middle: I SAAC	Last: SIEGEL	2a. DATE OF DEATH: Month 11 Day 72 Year	2b. HOUR: 3 15 P M	
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: NOV 30, 1926	6. AGE (In years last birthday): 45 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): LANCASTER, PA.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: BALTIMORE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 8 EDEN ROC WAY	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): PHYSICIAN	12b. KIND OF BUSINESS OR INDUSTRY: MEDICAL			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 8 EDEN ROCK WAY		
14. FATHER'S NAME First: LEWIS	Middle	Last: SIEGEL	15. MOTHER'S MAIDEN NAME First: ROSE	Middle: RACHEL	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes give war or dates of service): W.W.II NAVY	16b. SOCIAL SECURITY NO.	17. INFORMANT: MRS. MAUREEN SIEGEL	Address: 8 EDEN ROC WAY #21208		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Aspiration of gastric contents

DUE TO, OR AS A CONSEQUENCE OF (b): Viral gastroenteritis

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

0092

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
None		YES ☑ NO ☐	Yes

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medicol exominer)	UNDERLYING ☐ CAUSE OF DEATH ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. **I certify** that (I) (this hospital) attended the deceased from Sept., 19 68, to 11/6, 19 72, that (I) (we) last saw the deceased alive on about 2 wks. prior, and that in (my) (our) opinian death occurred on the date and haur and from the causes stated abave. (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Gordon Cader MD		☑	☐	☐	11/7/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
GORDON CADER	611 PARK AVE., Baltimore, Md 21201

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/7/72	BETH TFILOH	BALTIMORE, MARYLAND

24. FUNERAL DIRECTOR	ADDRESS	25a. LOCAL REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
SOL LEVINSON & BROS.,	6010 REISTERSTOWN ROAD	NOV 10 1972	Lindsay in Norton

DHMH - 163/72 25M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17165 — 17167

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71-30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: LLOYD	Middle: W.	Last: SIMMONS	
2a. DATE OF DEATH	Month: November	Day: 18,	Year: 1972	2b. HOUR: M
3. SEX	Male			
4. RACE	White			
5. DATE OF BIRTH	2 - 10 - 1910			
6. AGE (In years last birthday)	62 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Maryland			
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.			
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]				
9. COUNTY OF DEATH	Baltimore Md.			
10. CITY OR TOWN OF DEATH	Catonsville			
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	909 Rambling Drive			
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired			
12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland			
13b. COUNTY	Baltimore			
13c. CITY OR TOWN	Catonsville			
13d. INSIDE CITY LIMITS? YES [ ] NO [X]				
13e. STREET AND NUMBER	909 Rambling Drive			
14. FATHER'S NAME	First: Robert	Middle: L.	Last: Simmons	
15. MOTHER'S MAIDEN NAME	First: Mina	Middle: J.	Last: Wallace	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No			
16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	216-03-0208			
17. INFORMANT	Mrs. Alice R. Simmons, 909 Rambling Drive			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Hypertension & Ca

DUE TO, OR AS A CONSEQUENCE OF (b) Heart Failure

DUE TO, OR AS A CONSEQUENCE OF (c) Cancer of Lung

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. 426X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, natity medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While [ ] ot work Nat while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street ar R.F.D. No. / City or Town / Caunty / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 1960, 19___, to 11/18, 1972, that (I) (we) last saw the deceased alive on 11/17, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type) John C. Healy	22e. ADDRESS 1311 Francis Avenue, Balto., Md. 21227		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn) (Caunty) (State)	
BURIAL	11-21-1972	Dorchester Memorial Park	Cambridge, Maryland	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE NOV 21 1972	25b. REGISTRAR'S SIGNATURE Sidney [illegible]	
Howard H. Hubbard, 4107 Wilkens Ave. 21229				

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17166 — 17168

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (7-71) 30M (VR-A13 (4))

1. DECEASED-NAME (Type or print) First: Ada	Middle:	Last: Simon	2a. DATE OF DEATH Month: November Day: 15 Year: 1972	2b. HOUR: 5.45a M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: June 9, 1890	6. AGE (In years last birthday): 82 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Balto. Md.	7b. CITIZEN OF WHAT COUNTRY?: America-U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: Balto. Md.	
10. CITY OR TOWN OF DEATH: Cockeysville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Md. Masonic Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Home Maker	12b. KIND OF BUSINESS OR INDUSTRY: Own Home	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER: 3109 Roylston Ave.
14. FATHER'S NAME First: Joseph	Middle:	Last: Webber	15. MOTHER'S MAIDEN NAME First: ELLA	Middle:	Last: Wilson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes give war or dates of service): —	16b. SOCIAL SECURITY NO.: 216-18-9600	17. INFORMANT: Records, Md. Masonic Home	Address: Cockeysville Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart Syncope
DUE TO, OR AS A CONSEQUENCE OF (b): Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerosis
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this haspital) attended the deceased from 3/17/1972 to 13/15/1972, that (I) (we) last saw the deceased olive on November 13 1972 and thot in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (I), (we) (did) (did nat) view the bady after death.

22b. SIGNATURE: G I Gonzalez M.D.	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type): GUILLERMO I GONZALEZ MD	22e. ADDRESS: 10634 York Rd Cockeysville Md		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-17-1972	23c. NAME OF CEMETERY OR ~~CREMATORY~~: Baltimore Cemetery	23d. LOCATION (City or Town) (County) (State): Balt. Md.	
24. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc.	ADDRESS: Towson, Md.	25a. REC'D BY REGISTRAR DATE: NOV 17 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17167 — 17169

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Sophie	Middle: M.	Last: Skinner	2a. DATE OF DEATH Month: 11	Day: 25	Year: 72	2b. HOUR: 8A M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 2-19-1890	6. AGE (In years last birthday): 82 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Baltimore	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: Baltimore	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 3719 Lochearn Dr.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Seamstress	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 3719 Lochearn Dr.			
14. FATHER'S NAME First / Middle / Last: Albert Yeager		15. MOTHER'S MAIDEN NAME First / Middle / Last: Amich					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-05-0214	17. INFORMANT: Blanche G. Frederick	Address: Same				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD — 5yrs.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from _____, 19 71, to 11-25, 19 72, that (I) (we) last saw the deceased alive on 10-25 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Lawrence Solomon — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11-25-72		
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS: 3600 Lochearn Dr.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-28-72	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Armacost Funeral Chapel	ADDRESS: 4600 Liberty Hghts	25a. REC'D BY REGISTRAR DATE: NOV 28 1972	25b. REGISTRAR'S SIGNATURE: Nancy P. Horton	

DHMH-16 1/71 JDM (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

VKE 17168 — 17170

1. DECEASED-NAME (Type or print): First: BABY | Middle: GIRL | Last: SMITH
2a. DATE OF DEATH: Month 11 Day 14 Year 72
2b. HOUR: 6:30 P.M.
3. SEX: FEMALE
4. RACE: CAUC.
5. DATE OF BIRTH: 11-14-72
6. AGE (In years last birthday): YRS.
IF UNDER 1 YEAR: MONTHS | DAYS
IF UNDER 24 HRS.: HOURS 1 | MIN. 20
7a. BIRTHPLACE (State or foreign country): MD.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE, Md.
10. CITY OR TOWN OF DEATH: TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): G.B.M.C. 6701 N. CHARLES ST.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.):
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY: CARROLL
13c. CITY OR TOWN: WESTMINSTER
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 88 W. MAIN ST.
14. FATHER'S NAME First: FLOYD | Middle: EDWARD | Last: SMITH, JR.
15. MOTHER'S MAIDEN NAME First: DOROTHY LEE | Middle: | Last: WIKE
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service):
16b. SOCIAL SECURITY NO.:
17. INFORMANT Address: G.B.M.C. ADMISSION SLIP

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PREMATURITY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 120 MIN.
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 7769
(b) AMOXIO
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medicol examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this haspital) attended the deceased from 4:35 PM 11-14- 19 72, to 6:30 PM 11-14, 19 72, that (I) (we) last saw the deceosed alive on 6:30 PM 11-14 19 72, and that in (my) (our) opinion death occurred an the date ond hour ond from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE: [signature] DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED:
22d. PHYSICIAN'S NAME (Type): DR. G. LAMBERT
22e. ADDRESS: 6701 N. CHARLES ST. 21204 G.B.M.C.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-16-72
23c. NAME OF CEMETERY OR CREMATORY: EVERGREEN MEMORIAL GARDENS
23d. LOCATION (City or Town) (County) (State): FINKSBURG CARROLL MD.
24. FUNERAL DIRECTOR ADDRESS: J. E. Myers J. Westminster, Md.
25a. REC'D BY REGISTRAR DATE: NOV 20 1972
25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 (7-71) 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17169 — Item#13, Film G453 11/27/72 kam — 17171

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be forwarded to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	Alberta (Bertie) K. Smith
2a. DATE OF DEATH Month / Day / Year	11 / 15 / 1972
2b. HOUR	6:30 M
3. SEX	Female
4. RACE	Black
5. DATE OF BIRTH	3/15/1871
6. AGE (In years last birthday)	101 YRS.
IF UNDER 1 YEAR — MONTHS / DAYS	
IF UNDER 24 HRS. — HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Lancaster, Va.
7b. CITIZEN OF WHAT COUNTRY?	U. S. A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Md.
10. CITY OR TOWN OF DEATH	Catonsville, Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	148 Winters Lane
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife
12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	Baltimore
13c. CITY OR TOWN	Catonsville
13d. INSIDE CITY LIMITS? YES ☐ NO ☒	
13e. STREET AND NUMBER	148 Winters Avenue
14. FATHER'S NAME First / Middle / Last	Joseph Kelly
15. MOTHER'S MAIDEN NAME First / Middle / Last	Marietta ?
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	212-32-1726
17. INFORMANT Address	Carwella Parker - 148 Winters Lane

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypotension, Pulmonary Emphysema, — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10/16/72
4409
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis, and Senility
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
None

19a. DATE OF OPERATION	-
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	-
20a. AUTOPSY? YES ☐ NO ☒	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, natity medical examiner) UNDERLYING ☐	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this haspital) attended the deceased from _____, 19 20, to November, 19 72, that (I) (we) last saw the deceased alive an Nov. 10, 19 72, and that in (my) (~~our~~) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (~~did not~~) view the bady after death.

22b. SIGNATURE	R. L. Jackson
DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	
22c. DATE SIGNED	11/21/72
22d. PHYSICIAN'S NAME (Type)	R. L. Jackson
22e. ADDRESS	600 N. Arlington Ave. 21217

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11/19/72	Western Star	Baltimore,	Md.
24. FUNERAL DIRECTOR ADDRESS	Earl Gilmore - 1827 W. North Ave.	25a. REC'D BY REGISTRAR DATE	NOV 21 1972	25b. REGISTRAR'S SIGNATURE Sidney H. Norton

DHMH - 16 3/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17170 17172

1. DECEASED-NAME (Type or print): First ANNE Middle H. Last SMITH
2a. DATE OF DEATH: Month 11 Day 12 Year 72
2b. HOUR: 8:00 PM
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: 6/28/93
6. AGE (In years last birthday): 79 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): N.Carolina
7b. CITIZEN OF WHAT COUNTRY? UNITED STATES
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SAINT JOSEPH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Home maker
12b. KIND OF BUSINESS OR INDUSTRY: Own home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY:
13c. CITY OR TOWN: BALTIMORE
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 416 Hollen Rd
14. FATHER'S NAME First Selby Middle H. Last Pritchard
15. MOTHER'S MAIDEN NAME First Anne Middle Maria Last Holt
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 214-74-3466
17. INFORMANT Address: Mrs. Evelyn E. Mitchell 1426 Stonewood Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION
4109
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY INSUFFICIENCY
DUE TO, OR AS A CONSEQUENCE OF (c) A.S.C.V.D.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that ☒ (this hospital) attended the deceased from 11/6, 1972, to 11/12, 1972, that ☒ (we) last saw the deceased alive on 11/12, 19 72 and that in ☒ (our) opinion death occurred on the date and hour and from the causes stated above, ☒ (we) (did) ☐ (did not) view the body after death.

22b. SIGNATURE: A. Poveda DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 11/12/72
22d. PHYSICIAN'S NAME (Type): ANTONIO POVEDA M.D.
22e. ADDRESS: 7620 YORK ROAD, TOWSON MD. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-15-1972
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City or Town) (County) (State): Woodlawn Maryland
24. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc.
ADDRESS: 1050 York Road Towson, Maryland
25a. REC'D BY REGISTRAR DATE: NOV 14 1972
25b. REGISTRAR'S SIGNATURE: Audrey H. Watson

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1-71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17171 — 17173

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	HOMER	Middle SMITH	Last
2a. DATE OF DEATH Month / Day / Year	November 28, 1972		2b. HOUR M
3. SEX	Male		
4. RACE	White		
5. DATE OF BIRTH	3-9-1899		
6. AGE (In years last birthday)	73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	Maryland		
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.		
8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	NEVER MARRIED: X		
9. COUNTY OF DEATH	Baltimore Md.		
10. CITY OR TOWN OF DEATH	Arbutus		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	5118 Arbutus Avenue		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired Clerk		
12b. KIND OF BUSINESS OR INDUSTRY	Gas & Elec. Co		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland		
13b. COUNTY	Baltimore		
13c. CITY OR TOWN	Arbutus		
13d. INSIDE CITY LIMITS?	YES ☐ NO ☒		
13e. STREET AND NUMBER	5118 Arbutus Ave. 21227		
14. FATHER'S NAME First	John	Middle Smith	Last
15. MOTHER'S MAIDEN NAME First	Ella	Middle Smith	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No		
16b. SOCIAL SECURITY NO.	212-05-4893		
17. INFORMANT Address	Mrs. Elizabeth C. Pearson, 7012 Deerfield Rd. 21208		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1621

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Arthritis ; Tracheo-Esophageal Fistula

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from Aug ____, 19 72, to Nov 28, 19 72, that (I) (we) last saw the deceased alive on Nov 28 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	I. Earl Pass M.D.	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 11/29/72
22d. PHYSICIAN'S NAME (Type)	I. Earl Pass	22e. ADDRESS	4001 Wilkens Avenue, Balto. Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
BURIAL	12-1-1972	Linganore Meth. Cemetery	UnionVille, Maryland	

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Howard H. Hubbard, 4107 Wilkens Ave. 21229		DEC 4 1972	Sidney M. Norton

1

17172

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17174

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed and filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last: JOHN RODNEY SMITH			2a. DATE OF DEATH Month Day Year: NOVEMBER 8, 1972	2b. HOUR: M
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: JANUARY 29, 1902	6. AGE (In years last birthday): 70 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): VIRGINIA	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.	
10. CITY OR TOWN OF DEATH: CATONSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUMMIT NURSING HOME	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): SUPERINTENDANT	12b. KIND OF BUSINESS OR INDUSTRY: SAND QUARRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: CATONSVILLE	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 518 INGLESIDE AVE.
14. FATHER'S NAME First / Middle / Last: LEE SMITH		15. MOTHER'S MAIDEN NAME First / Middle / Last: ZENNIA NICELEY		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): NO	16b. SOCIAL SECURITY NO.: 230-03-3770	17. INFORMANT: JOHN T. SMITH	Address: SAME	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD — 20 years

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify thot (I) (this hospital) attended the deceased from 2/20/ , 1963 , to 11/8/ , 19 72 , that (I) (we) last saw the deceased olive on 11/8/ 19 72, and that in (my) (our) opinion deoth occurred on the date and haur and from the causes stoted above, (I) (we) (did) (did not) view the body ofter deoth.

22b. SIGNATURE: James E. Rowe M.D. DEGREE	ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/9/72	
22d. PHYSICIAN'S NAME (Type): JAMES E. ROWE, M.D.	22e. ADDRESS: 5550 BALTIMORE NATIONAL PIKE		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/11/72	23c. NAME OF CEMETERY OR CREMATORY: CRESTLAWN	23d. LOCATION (City or Town) (County) (State): ELLICOTT CITY HOWARD MD.	
24. FUNERAL DIRECTOR: EDW. S. MAC NABB SONS, INC.	ADDRESS: 301 FREDERICK RD. CATONSVILLE, MD.	25a. RECD BY REGISTRAR DATE: NOV 14 1972	25b. REGISTRAR'S SIGNATURE: Dwight Watson	

VR A15 (4) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17173 — 17175

1. DECEASED-NAME (Type or print)	First: Peter	Middle: A.	Last: Smith	2a. DATE OF DEATH Month: 11	Day: 30	Year: 1972	2b. HOUR: 6.45 P M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 12/25/1895	6. AGE (In years last birthday): 76 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): England	7b. CITIZEN OF WHAT COUNTRY?: US	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore, Co. Md.				
10. CITY OR TOWN OF DEATH: Towson, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 111 West Road Dulaney Towson Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY: Engineer				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 14 Chesley Ave. 21206			
14. FATHER'S NAME First: Peter	Middle	Last: Smith	15. MOTHER'S MAIDEN NAME First: Anna	Middle	Last: Davis		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 578-32-9161	17. INFORMANT: Dulaney Towson Nursing Home, 111 West Road	Address: 21204				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma, pancreas — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 mo
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last. 1579

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: April 72	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Obstructive jaundice	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner) UNDERLYING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify thot (I) (this hospital) attended the deceased from 11/21/72, 19___, to 11-30-72, 19___, that (I) (we) last saw the deceased alive on 11-21-72. 19___, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Frank Kuehn	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 12-1-72	
22d. PHYSICIAN'S NAME (Type): Dr. Frank Kuehn	22e. ADDRESS: 101 West Read St. Balto. Md. 21201		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-4-72	23c. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park	23d. LOCATION (City or Town) (County) (State): Balto. Md.-	
24. FUNERAL DIRECTOR: John C. Miller Inc	ADDRESS: 6415 Belair Rd.-21206	25a. REC'D BY REGISTRAR DATE: DEC 5 1972	25b. REGISTRAR'S SIGNATURE: Sidney S. Sinton	

DHMH-16 1/71 30M (VR A15 (4))

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

9 12

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17174 17176

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Harry	M.	Smyrk	Nov 21 1972	3:32 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
Male	Caus.	May 22, 1903	69 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Maryland	U.S.A.	MARRIED X	Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Lutherville	201 Melanchton Ave.	Office Manager	Ins.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES / NO	13e. STREET AND NUMBER
Maryland	Baltimore	Lutherville	NO X	201 Melanchton Ave.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Charles	Harry	Smyrk	Mary	Agnes	McCahan

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	213-03-4446A	Mary L. Smyrk 201 Melanchton Ave.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Rupture of a ventricular aneurysm

DUE TO, OR AS A CONSEQUENCE OF

(b) Two myocardial infarctions

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		NO X	

21a. ACCIDENT WAS UNDERLYING / DR CONTRIBUTING / CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from Sept 8, 1966, to Nov 13, 1972, that (I) (we) last saw the deceased alive on _____ 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I), (we) (did) (did not) view the body after death.

22b. SIGNATURE	M.D. DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Samuel Whitehouse	M.D.	X			11/22/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Samuel Whitehouse	3900 North Charles Street

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-24-72	Loudon Park Cemetery	Baltimore, Md. 21229

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson	Towson, Md. 21204	NOV 24 1972	Sidney H. Norton

VR A15 (2) 25m-1/70

17175

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17177

1. DECEASED-NAME (Type or print): First DAVID Middle — Last SNYDER

2a. DATE OF DEATH: Month NOVEMBER Day 28 Year 72 — 2b. HOUR 6:07 P.M.

3. SEX: MALE

4. RACE: WHITE

5. DATE OF BIRTH: AUGUST 5, 1900

6. AGE (In years last birthday): 72 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): BALTIMORE

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: BALTIMORE Md.

10. CITY OR TOWN OF DEATH: PIKESVILLE

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): PIKESVILLE NURSING HOME

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): SALESMAN

12b. KIND OF BUSINESS OR INDUSTRY: CLOTHING

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND

13b. COUNTY

13c. CITY OR TOWN: BALTIMORE

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 3312 N. ROGERS AVE

14. FATHER'S NAME First: MORRIS Middle — Last: SNYDER

15. MOTHER'S MAIDEN NAME First: HANNAH Middle: ? Last: ?

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.

17. INFORMANT: MISS HILDA SNYDER — Address: 4217 LABYRINTH RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Squamous cell carcinoma of bladder — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 188X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH ☐ OR CONTRIBUTING ☐

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. — City or Town — County — State

22a. I certify that (I) (this hospital) attended the deceased from 10 NOV, 1972, to 28 NOV, 1972, that (I) (we) last saw the deceased alive on 24 NOV 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Harry M. Walen MD — DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 29 NOV 72

22d. PHYSICIAN'S NAME (Type): Harry M. Walen, M.D.

22e. ADDRESS: 9115 Reisterstown Road

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: Nov. 29/72

23c. NAME OF CEMETERY OR CREMATORY: MIKRO KODESH

23d. LOCATION (City or Town) (County) (State): BALTIMORE, MARYLAND

24. FUNERAL DIRECTOR: Sol Levinson & Bros., ADDRESS: 6010 Reisterstown Rd. Baltimore, Md. 21215

25c. REC'D BY REGISTRAR DATE: DEC 4 1972

25b. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17176 17178

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Julia	Middle: F.	Last: Spahn	2a. DATE OF DEATH Month: 11	Day: 9	Year: 72	2b. HOUR: 7:36 A M
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: 6-3-22	6. AGE (In years last birthday): 50 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore County, Md.				
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Greater Balto. Med. Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): PBX Supervisor	12b. KIND OF BUSINESS OR INDUSTRY: City of Balto.				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY	13c. CITY OR TOWN: Balto.	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 4836 Claybury Ave.			
14. FATHER'S NAME First: Frank	Middle:	Last: McDermot	15. MOTHER'S MAIDEN NAME First: Rebecca	Middle:	Last: Compton		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: LouisSpahn (husband) same address					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Diffuse sepsis (bronchopneumonia, acute endo-

DUE TO, OR AS A CONSEQUENCE OF carditis and acute pyelonephritis)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Carcinoma of ovary with metastases

DUE TO, OR AS A CONSEQUENCE OF

(c)

1830

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that (I) (this hospital) attended the deceased from Oct. 29, 1972, to Nov. 9, 1972, that (I) (we) last saw the deceased alive on Nov. 9 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John E Adams M.D. DEGREE	ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11-9-72	
22d. PHYSICIAN'S NAME (Type): John E. Adams, M.D.	22e. ADDRESS: 6701 N. Charles St. Balto., Md. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/13/72	23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery	23d. LOCATION (City or Town) (County) (State): Balto. Md.	
24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213	25a. REC'D BY REGISTRAR: NOV 13 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton		

DHMH-16 (VR A15 (4)) 30M

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17177 — 17179

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Cynthia	Middle:	Last: Spry	2a. DATE OF DEATH: 11 Month 28 Day 1972 Year		2b. HOUR: M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 6/21/19	6. AGE (In years last birthday): 53 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Michigan City, Ind.	7b. CITIZEN OF WHAT COUNTRY: U. S. A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Randallstown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 4915 Old Court Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Travel Agent	12b. KIND OF BUSINESS OR INDUSTRY: Holiday T. Bur			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Randallstown	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 4915 Old Court Road, 21133		
14. FATHER'S NAME First: Edgar	Middle: E.	Last: Coonrod	15. MOTHER'S MAIDEN NAME First: Anna	Middle:	Last: Wooden	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): ------	16b. SOCIAL SECURITY NO.: 371-01-1111	17. INFORMANT: Mr. Richard G. Spry,	Address: 4915 Old Court Rd., 21133		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Respir. failure at resp. center

DUE TO, OR AS A CONSEQUENCE OF (b): Carcinoma of brain (Metastatic)

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 191X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 6/3/63, 19____, to ____, 19____, that (I) last saw the deceased alive on 11/21/72, 19____, and that in (my) opinion death occurred on the date and hour and from the causes stated above, (I) did) view the body after death.

22b. SIGNATURE: John Darrell	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/29/72	
22d. PHYSICIAN'S NAME (Type): John J. Darrell M.D.	22e. ADDRESS: 9017 Liberty Road, Randallstown, Md. 21133		

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 11/29/72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Crematory	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland 21229	
24. FUNERAL DIRECTOR: Loring Byers Funeral Directors P.A.	ADDRESS: 8728 Liberty Road, Randallstown, Md. 21133	25a. REC'D BY REGISTRAR DATE: DEC 1 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-16 1/71 30M (VR A15 (4)

1

FOR STATE HEALTH DEPT.

17178

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17180

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First	Middle	Last
	CATHERINE	E.	STANGE

2a. DATE KNOWN OF DEATH ESTIMATED ☐ — Month: November — Day — Year: 1972
2b. HOUR: 1 AM
2c. DATE PRONOUNCED DEAD — Month: November — Day: 19 — Year: 1972
2d. HOUR: 1 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS.: HOURS	MIN
FEMALE	CAUC.	1/27/86	86 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARITAL STATUS	9. COUNTY OF DEATH
MD.	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TOWSON	GBMC		CONT. CAN

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.	~~BALTO.~~	BALTO	YES ☒ NO ☐	105 S. CLINTON

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
		BLISKE	MARY		~~BLISKE~~

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	215-01-8493	ADMISSION FORM	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 887X Acute Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
DUE TO, OR AS A CONSEQUENCE OF (b) Generalized Arteriosclerosis — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF (c) Fractured Rt Hip — 48 hrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	3:30 P.M. 11/17/19 72	Fell in Room

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Nursing Home	Manor Care	Towson	Baltimore	Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Charles F. Connell, M.D. — CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒
EXAMINER'S NAME (Type): — ADDRESS (Street, city, town, or county): 7501 York Rd Towson
22b. DATE SIGNED: 11/19/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11/22/72	BALTO. CEM.	BALTO. MD

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J.G. CONNELLY	300 MACE	NOV 24 1972	Sidney H. Norton

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17179 — 17181

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (7) 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Susie	Middle Blanche	Last Stansfield
2a. DATE OF DEATH Month Day Year	11 4 72	2b. HOUR	4:45 P M
3. SEX	Female	4. RACE White	5. DATE OF BIRTH 3/22/85
6. AGE (In years last birthday)	87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MINS.
7a. BIRTHPLACE (State or foreign country)	3/22/85	7b. CITIZEN OF WHAT COUNTRY?	Balto. Co. USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐		9. COUNTY OF DEATH	Baltimore Md.
10. ~~CITY~~ OR TOWN OF DEATH	Baltimore County	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Pikesville Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md	13b. COUNTY	Balto.
13c. CITY OR TOWN	Garrison	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER 7 Sudbrook Lane
14. FATHER'S NAME First	Jacob	Middle	Last Geist
15. MOTHER'S MAIDEN NAME First	Mary	Middle R.	Last Conner
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No	16b. SOCIAL SECURITY NO.	215-54-0650
17. INFORMANT	Mrs. Vernon L. Sullivan	Address	Garrison, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CVA
DUE TO, OR AS A CONSEQUENCE OF
(b) ASCVD + Cerebral Thrombosis
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4/24

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Recent.
(b) Yrs.
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, natity medical examiner) UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE J. Stephen Mopsus M.D. DEGREE ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS 915 Reisterstown Rd. 21117

23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b. DATE	Nov. 7, 72
23c. NAME OF CEMETERY OR CREMATORY	Evergreen Memorial	23d. LOCATION (City or Town) (County) (State)	Finksburg, Md.
24. FUNERAL DIRECTOR ADDRESS	Eline Funeral Home Reisterstown, Md. 21136	25a. RECD BY REGISTRAR DATE	NOV 10 1972
25b. REGISTRAR'S SIGNATURE	Ethelyn Norton		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17180 — 17182

1. DECEASED-NAME (Type or print): First: Samuel — Middle: G. — Lost: Steen Sr.

2a. DATE OF DEATH: Month: 11 — Doy: 22 — Year: 72

2b. HOUR: 12:30 PM

3. SEX: Male

4. RACE: Caucasian

5. DATE OF BIRTH: June 29, 1907

6. AGE (In years lost birthday): 65 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Parkville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 3022 Texas Avenue

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired Western Electric

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Balto.

13c. CITY OR TOWN: Parkville

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: 3022 Texas Avenue

14. FATHER'S NAME: First: Samuel — Middle: H — Lost: Steen

15. MOTHER'S MAIDEN NAME: First: Rose — Middle: — Lost: Hellman

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 215-03-4020

17. INFORMANT: Mrs Teresa M Steem — Address: Same

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse last.

IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

DUE TO, OR AS A CONSEQUENCE OF: CORONARY THROMBOSIS & ARTERIOSCLERCTIC HEART — 5 YRS

(b): DISEASE

(c):

4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Doy Yeor 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospitol) ottended the deceased from 12/10/72, to 11/22, 1972, thot (I) (we) saw the deceased alive on 11/22 1972 and that in (my) (our) opinion deoth occurred an the dote and haur and from the causes stated above, (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE: Leonard Paul Berger M.D. DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 11/22/72

22d. PHYSICIAN'S NAME (Type): Leonard Paul Berger M.D.

22e. ADDRESS: 8100 Harford Road

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/25/72

23c. NAME OF CEMETERY OR CREMATORY: Gardens Of Faith

23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck Inc. 5305 Harford Rd. 21214

25a. REC'D BY REGISTRAR DATE: NOV 27 1972

25b. REGISTRAR'S SIGNATURE: Sidney [illegible]

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17181 — 17183

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 must be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163 (VR A15 (4)) 12/25M

1. DECEASED-NAME (Type or print)	First: NOVA	Middle:	Last: STEPHENS	2a. DATE OF DEATH Month: 11	Day: 30	Year: 72	2b. HOUR: a.m. 10:15
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 6/17/98	6. AGE (In years last birthday): 74 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): N.C.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.				
10. CITY OR TOWN OF DEATH: ROSSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): FRANKLIN SQ.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): SEAMSTRESS	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO	13c. CITY OR TOWN: ESSEX	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 1829 KITTY HAWK RD			
14. FATHER'S NAME First: GEORGE	Middle: W.	Last: BAILEY	15. MOTHER'S MAIDEN NAME First: PATTY	Middle:	Last: REEVES		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: ROBERT STOCKSLAGER	Address: 2409 BURRIDGE Rd				

MEDICAL CERTIFICATION

1B. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic Cardiovascular

DUE TO, OR AS A CONSEQUENCE OF (b): Disease with old Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF (c):

4129

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 11/30, 19 72, to 11/30, 19 72, that (I) (we) last saw the deceased alive on 11/30 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): S. Kulathungam	22e. ADDRESS: 9000 Franklin Square Drive	

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION	23b. DATE: 12/4/72	23c. NAME OF CEMETERY OR CREMATORY: SECURITY PROCESS INC	23d. LOCATION (City or Town) (County) (State): BALTO. MD.
24. FUNERAL DIRECTOR: J. L. Connelly & Macaul	ADDRESS: 308	25a. REC'D BY REGISTRAR DATE: DEC 4 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17182 — 17184

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
JOHN	ANTHONY	STITZ, SENIOR	November	16	1972	4:55 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
MALE	WHITE	12/17/09	62 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
MARYLAND	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
FORT HOWARD	VETERANS ADMINISTRATION	Blacksmith	Beth. Steel Co.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
MARYLAND	BALTIMORE	SPARROWS PT.		1017 H. Street

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
WILLIAM		STITZ	MARIE		DEGIRT

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
YES	WW II	213 07 7628	Clin. Recds. VA Hospital, Ft. Howard, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF TONGUE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS

DUE TO, OR AS A CONSEQUENCE OF

(b) METASTATIC CARCINOMA OF RECTUM — 4 MONTHS

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1541

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** thot (X) (this hospitol) ottended the deceosed from 8/25, 19 72, to 11/16, 19 72, that (X) (we) last saw the deceased alive on 11/16 19 72, and thot in (~~my~~) (aur) apinion deoth occurred on the dote ond hour and from the couses stoted obove, (X) (we) (did) (~~did not~~) view the body ofter deoth.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☑	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Stanley B. Klijanowicz M.D.					11-16-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
STANLEY B. KLIJANOWICZ, M.D.	VAH, FORT HOWARD, MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	11-20-72	MEADOWRIDGE MEMORIAL PARK	Dorsey, Maryland W. SHINGTON BLVD.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
JOHN J. DUDA	~~288~~x 7922 WISE AVENUE	NOV 22 1972	Sidney H. Norton

17183

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17185

Add.info.taken from birth certif.

1. DECEASED-NAME (Type or print): First: Stover; Middle: Baby Boy; Lost:

2a. DATE OF DEATH: Month: 11; Day: 20; Year: 72

2b. HOUR: 9:45PM

3. SEX: Male

4. RACE: Caucasian

5. DATE OF BIRTH: 11-20-72

6. AGE (In yeors lost birthday) YRS.: IF UNDER 1 YEAR: MONTHS: DAYS: IF UNDER 24 HRS.: HOURS: 4; MIN: 20

7a. BIRTHPLACE (Stote or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Baltimore County Md.

10. CITY OR TOWN OF DEATH: Towson

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): Greater Balto. Med. Center

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.):

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE: Maryland

13b. COUNTY: Howard

13c. CITY OR TOWN: Columbia

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: 5350 Thunder Hill Road

14. FATHER'S NAME First: Thomas; Middle: Joseph; Lost: Stover

15. MOTHER'S MAIDEN NAME First: Carol; Middle: Mae; Lost: Gray

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.

17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o): Anoxia

DUE TO, OR AS A CONSEQUENCE OF

(b): Pulmonary atelectasis

DUE TO, OR AS A CONSEQUENCE OF

(c): Immaturity (760 grams)

Conditions, if any, which gove rise to immediote couse (o), stoting the underlying couse lost.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐

21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Nov. 20, 1972, to Nove. 20, 1972, that (I) (we) last saw the deceased alive on Nov. 20 1972, and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Mario Roman M.D. DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒

22c. DATE SIGNED: 11-22-72

22d. PHYSICIAN'S NAME (Type): Mario Roman, M.D.

22e. ADDRESS: 6701 N. Charles. St. Balto. Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 11-22-72

23c. NAME OF CEMETERY OR CREMATORY: Great. Balto. Med. Cr.

23d. LOCATION (City or Town) (County) (State): 6701 N. Char. Balto. Md.

24. FUNERAL DIRECTOR ADDRESS: Mario Roman M.D.

25a. REC'D BY REGISTRAR DATE: NOV 24 1972

25b. REGISTRAR'S SIGNATURE: Lindsay Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

17184

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17186

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: LYDIA	Middle: ANNE	Last: STROW	2a. DATE OF DEATH: Month Nov. Day 22 Year 1972	2b. HOUR: 11:15 PM	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 11/8/01	6. AGE (In years last birthday): 71 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Trackney, New Brunswick	7b. CITIZEN OF WHAT COUNTRY?: USA(NAT)	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Pikesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Milford Mill Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Secretary	12b. KIND OF BUSINESS OR INDUSTRY: --			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Pikesville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 715 Silver Creek Rd. 21208		
14. FATHER'S NAME First: James	Middle: T.	Last: Arsenault	15. MOTHER'S MAIDEN NAME First: Marie	Middle:	Last: (unknown)	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes give war or dates of service): -----	16b. SOCIAL SECURITY NO.: 212-34-7636A	17. INFORMANT Address: Edward L. Strow, 715 Silver Creek Rd., 21208			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia terminal	2 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Carcinoma of breast metastatic	6 years
DUE TO, OR AS A CONSEQUENCE OF (c)	Cerebral Thrombosis - Hemiplegia left	2 weeks

Conditions, if any, which gave rise to immediate cause (a). stoting the underlying couse last. 174X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

None

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, natify medical examiner) UNDERLYING CAUSE OF DEATH [ ] DR CONTRIBUTING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this ~~hospital~~) attended the deceased from 11/13, 1972, to 11/22, 1972, that (I) (~~we~~) last saw the deceased alive on Nov 22 1972, and that in (my) (~~our~~) opinian death accurred on the date and haur and fram the causes stated abave, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Manuel Levin M.D. DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]	22c. DATE SIGNED: 11/22/72
22d. PHYSICIAN'S NAME (Type): MANUEL LEVIN M.D.	22e. ADDRESS: 6101 PARK HEIGHTS AVE. BALTO-15 MD.			

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 11/24/72	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Crematory	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland 21229	
24. FUNERAL DIRECTOR ADDRESS: Loring Byers Funeral Directors P.A. 8728 Liberty Road, Randallstown, Md. 21133	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Audrey M. Norton		

DHMH - 163/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

VKE 17185 — 17187

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 7/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	DOROTHY / A. / SUMMERS
2a. DATE OF DEATH Month / Day / Year	11- / 2- / 72
2b. HOUR	4:29 A.M.
3. SEX	FEMALE
4. RACE	CAUC.
5. DATE OF BIRTH	8-14-96
6. AGE (In years last birthday)	76 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	PENNA.
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE, Md.
10. CITY OR TOWN OF DEATH	TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	G.B.M.C. 6701 N. CHARLES ST.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	HOMEMAKER
12b. KIND OF BUSINESS OR INDUSTRY	OWN HOME
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MD.
13b. COUNTY	
13c. CITY OR TOWN	BALTIMORE
13d. INSIDE CITY LIMITS? YES [X] NO [ ]	
13e. STREET AND NUMBER	6 UPLAND RD. 21210
14. FATHER'S NAME First / Middle / Last	DR. SAMUEL / / MILLER
15. MOTHER'S MAIDEN NAME First / Middle / Last	ADELE / / MATZ
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	NO
16b. SOCIAL SECURITY NO.	220-44-3295
17. INFORMANT Address	G.B.M.C. ADMISSION SLIP

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): CARDIAC FAILURE WITH CONGESTIVE HEART FAILURE

4409

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c): ARTERIOSCLEROTIC VASCULAR DISEASE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CONGESTIVE HEART FAILURE & CHRONIC OBSTRUCTIVE DISEASE

19a. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20a. AUTOPSY? YES [ ] NO [X]	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 11-1-, 19 72, to 11-2-, 19 72 that (I) (we) last saw the deceased alive on 11-2- 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: X Ronald Broadwater MD — DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X] — 22c. DATE SIGNED: 11/2/72

22d. PHYSICIAN'S NAME (Type): DR. RONALD BROADWATER

22e. ADDRESS: G.B.M.C. 6701 N. CHARLES ST. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11/4/72	Druid Ridge	Pikesville, Balto. Co., Md	
24. FUNERAL DIRECTOR. ADDRESS: H.W. Jenkins & Sons Co. 4905 York Rd. Balto., Md. 21212		25a. REC'D BY REGISTRAR DATE NOV 3 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17186 — 17188

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages one and two should be mailed to the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Mollie	Middle: G.	Lost: Sunderland	2a. DATE OF DEATH: 11/2/72 (Month / Doy / Yeor) — 2b. HOUR: M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 7/27/1884	6. AGE (In yeors last birthday): 88 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Armacost Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 812 Regester Avenue
14. FATHER'S NAME First / Middle / Lost: Late George McDonald		15. MOTHER'S MAIDEN NAME First / Middle / Lost: Late Mary		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: Mrs. Wm. H. Muhly, 8826 Town & Country Blvd		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

4409 Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b): Generalized Arteriosclerosis — 12 yrs

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this haspital) attended the deceased from June, 19 55, to 11-1, 19 72, that (I) (we) lost saw the deceased alive an 10-28 19 72 and that in (my) (our) opinian death accurred an the dote and hour and fram the couses stoted abave, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE: Franklin F. Leslie	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11-2-72	
22d. PHYSICIAN'S NAME (Type): Dr. Franklin Leslie	22e. ADDRESS: 3501 St. Paul Street		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/4/72	23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Avenue	ADDRESS: 21228	25a. REC'D BY REGISTRAR DATE: NOV 3 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

1715C

302 S. 33rd Street

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17187 — 17189

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month Day Year
Charles	Harvey	Tanner	Nov 20 1972

2b. HOUR: 1:45 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (If yeors lost birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				MONTHS	DAYS	HOURS	MIN.
M	CAUC.	12/14/34	37 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑	9. COUNTY OF DEATH
	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Mt. Wilson	Mt. Wilson State Hosp.		

13a. USUAL RESIDENCE (Where deceased lived/ if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md		Balt.	YES ☑ NO ☐	3703 7th St.

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
UNK.			UNK.		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		290-28-2584	Records, Mt. Wilson State Hospital	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

IMMEDIATE CAUSE (a) Aspiration — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 min

DUE TO, OR AS A CONSEQUENCE OF

(b) P.O.P. RT. Upper Lung Lobectomy

DUE TO, OR AS A CONSEQUENCE OF

(c) Pneumonia + bronchopleural fistula

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

0119

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10/31/72	Pulmonary TB	YES ☑ NO ☐	No

21a. ACCIDENT WAS (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH		

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from 11/1, 19 72 to 11/20, 19 72, that (I) (~~we~~) last saw the deceased alive an 11/20 1972 and that in (my) (~~our~~) apinian death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Elmer P. Sauer M.D.		☐	☒	☐	

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Elmer P. Sauer, M.D.	Mt. Wilson, Md. 21113

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Cremation	11-27-72	Univ. of Md. Anatomy Board	Balt. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Raymond Curran	817 Scarlett Dr. Towson, MD. 21204	NOV 30 1972	Anthony M. Montone

DHMH-16 1/71 30M (VR A15 14)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17188

17190

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - T6 8-72 25M
(VR A15 (4))

	First	Middle	Last				
1. DECEASED-NAME (Type or print)	KATHERINE	ANN	TARLETON	2a. DATE OF DEATH Month	Day	Year	2b. HOUR 10:15 P.
				11	2	72	

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
F	W	10/3/79	93 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Md.	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Balto.	Chapel Hill Conv. Home	housewife	at home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md.	Balto.	Balto.		Proctor Ave White Marsh Md

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Christopher		Stansbury	unknown		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
no		212-74-4885	J. Theodore Tarleton (brother)	same address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF

(b) aspiration — 2 days

DUE TO, OR AS A CONSEQUENCE OF

(c) Cerebral artery Insufficiency - Severe — 4 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4379

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Semi-coma - Feeding tube - Ammia - Dehydration -

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 1-19-, 1972, to 11-2-, 1972, that (I) (we) last saw the deceased alive on 11-2-1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Cesar Valle Cavero	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	11-4-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Dr. Cesar Valle Cavero	8629 Liberty Rd. Randallstown Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/6/72	Meadowridge Mem. Pk.	Balto. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213	NOV 8 1972	Sidney H. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17189 — 17191

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-1&VR 1 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First / Middle / Last	ALBERT / P / TELEWICZ
2a. DATE OF DEATH Month / Day / Year	11 / 07 / 72
2b. HOUR	3;15 P M
3. SEX	MALE
4. RACE	CAUCASIAN
5. DATE OF BIRTH	11-10-03
6. AGE (In years last birthday)	68 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	MARYLAND
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED XX / NEVER MARRIED / WIDOWED / DIVORCED	MARRIED XX
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	BALTIMORE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	GREAT. BALT.MED.CENTR
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Owner
12b. KIND OF BUSINESS OR INDUSTRY	Trens & Exp
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MARYLAND
13b. COUNTY	BALT
13c. CITY OR TOWN	BALTIMORE
13d. INSIDE CITY LIMITS?	YES X NO
13e. STREET AND NUMBER	7706 BAGLEY AVE
14. FATHER'S NAME First / Middle / Last	EDWARD / TELEWICZ
15. MOTHER'S MAIDEN NAME First / Middle / Last	MARY / Doyle / ~~DOLES~~
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	215-10-5974
17. INFORMANT Address	PATIENT'S CHART

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA OF STOMACH
1519
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) WIDE METASTASIS IN LUNGS & PARITONIUM — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 MO
DUE TO, OR AS A CONSEQUENCE OF (c) SEVERE ANEMIA

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING / OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (X) (this hospital), attended the deceased from 10-27, 1972, to 11-07, 1972, that (X) (we) last saw the deceased alive on 11-07 XX 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (X) (we) (did) (did not) view the body after death.

22b. SIGNATURE Warner Etzel M/ DEGREE: ATTENDING PHYS. / MED. DIRECTOR / STAFF PHYS. X — 22c. DATE SIGNED 11/7/72

22d. PHYSICIAN'S NAME (Type) WARNER ETZEL, M.D. — 22e. ADDRESS 6701 N CHARLES ST BALT, MD

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11/10/72	Parkwood Cem.	Baltimore, Maryland	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
C.F. EVANS & SON	8802 Harford Road	NOV 10 1972	Richard H Norton	

Items 18,22a Film 455 12/20/72 SH

17190

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17192

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending," in pencil in Item 18. Owe Pages 1-2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Lost	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month	Day	Year
BARBARA		TESTERMAN	11	5	1972

2b. HOUR: 8:30 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
female	white		22 YRS.				

2c. DATE PRONOUNCED DEAD Month 11 Day 5 Year 1972 — 2d. HOUR: 8:30 PM

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
			Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	St. Joseph Hospital		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Va.		Marion	YES ☐ NO ☐	340 S. Church St.

14. FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First Middle Lost
Burl Testerman	Jessie Helton

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Mrs. Jessie Helton, Marion, Va.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolism	
DUE TO, OR AS A CONSEQUENCE OF		
(b)	Thrombophlebitis of Ovarian Veins	
DUE TO, OR AS A CONSEQUENCE OF		
(c)	Post-mortem uterus with retained placental secundines	

6719

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐

22b. DATE SIGNED 11-6-72

EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. Deputy Chief Medical Examiner ADDRESS (Street, City, Town, or County)

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-9-72	Burton's Chapel	Grayson Co., Va.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Clyton A. Barnett Marion, Va.	NOV 17 1972	Sidney H. Horton

DHMH-17 1/71 10M
(VR A15ME (5))

Item 18 Film 455 12/22/72 mh

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

.17191

17193

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Hattie	Middle: May	Last: Thomas	2a. DATE OF DEATH Month: November	Day: 29	Year: 1972
2b. HOUR: 5:00 P.M.						
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: Febr. 28, 1906	6. AGE (In years last birthday): 66 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign Country): Glade Springs, Va.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.			
10. CITY OR TOWN OF DEATH: Monkton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Big Falls Rd.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer	12b. KIND OF BUSINESS OR INDUSTRY: Canning			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Monkton	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Big Falls Rd.		
14. FATHER'S NAME First: Edward	Middle: Heath	Last:	15. MOTHER'S MAIDEN NAME First: Mandy	Middle: Weiniger	Last:	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 190-12-0380	17. INFORMANT: Robert B. Thomas	Address: Monkton, Md.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac arrest 2422	Instant.
DUE TO, OR AS A CONSEQUENCE OF (b)	Auricular Fibrillation	13yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	Thyro-Toxic Heart 2422	14yrs.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Mild Hypertension.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medicol examiner)	UNDERLYING CAUSE OF DEATH [ ] DR CONTRIBUTING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / Stote

22a. I certify that (I) (this haspital) attended the deceased from 10-1-59, 19__, to 11-29, 1972, that (I) (we) last saw the deceased alive on 11-29, 1972, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED
M.C. Porterfield		12-1-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
M.C. Porterfield	Hampstead, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Dec. 3, 1972	Hereford Bapt. Cem.	Parkton, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
James J. Hartenstein	New Freedom, Pa	DEC 6 1972	Sidney M. Norton

DHMH - 163/72 25M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17192

17194

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: LEONA LAURA	Middle	Last: THOMAS	2a. DATE OF DEATH Month: 11 Day: 4 Year: 72	2b. HOUR: 2:25 AM
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 09-17-02	6. AGE (In years last birthday): 70 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): VIRGINIA	7b. CITIZEN OF WHAT COUNTRY?: U S A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.		
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 1723 Lydonlea Way	
14. FATHER'S NAME First: William	Middle	Last: Call	15. MOTHER'S MAIDEN NAME First	Middle	Last: Nash
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-74-9622	17. INFORMANT: Daughter: Mrs. Virginia Kauders	Address: 1723 Lydonlea Way Balto. Md. 21239		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	SHOCK	
DUE TO, OR AS A CONSEQUENCE OF (b)	PULMONARY EDEMA	
DUE TO, OR AS A CONSEQUENCE OF (c)	CHRONIC OBSTRUCTIVE LUNG DESEASE	

5193

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? XXXXX NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (X) (this hospital) attended the deceased from 10-20-72, 19____, to 11-4, 1972, thot (X) (we) lost saw the deceased alive on 11-4 19 72 and that in (XX) (our) opinion death occurred on the date and hour and from the couses stated above. (I), (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11-4-72		
22d. PHYSICIAN'S NAME (Type): DR. POVEDA	22e. ADDRESS			

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-7-72	23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR ADDRESS: John J. Duda 7922 Wise Ave. Dundalk, Md. 21222	25a. RECD. BY REGISTRAR DATE: NOV 10 1972	25b. REGISTRAR'S SIGNATURE		

DHMH-16-1-A 30M (VR-A15 (4))

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17193 — 17195

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Doris	Middle: LLoyd	Last: Tinkler	2a. DATE OF DEATH Month Day Year: November 4, 1972
2b. HOUR: M			
3. SEX: Female	4. RACE: white	5. DATE OF BIRTH: July 22, 1915	6. AGE (In years last birthday): 57 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Pikesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 32 Wooded Way Apt. 1	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: own home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Pikesville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 32 Wooded Way Apt.1			
14. FATHER'S NAME First: H enery	Middle: Carlton	Last: McCullough	15. MOTHER'S MAIDEN NAME First: Edna
Middle: May	Last: LLoyd		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): None	16b. SOCIAL SECURITY NO.: unknown	17. INFORMANT Address: Mr. Robert G. Tinkler, 32 Wooded Way, Apt. 1, Pikesville 8, Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardio-Pulmonary Insufficiency due to	4 hrs
DUE TO, OR AS A CONSEQUENCE OF (b)	Generalized Metastases	1 year
DUE TO, OR AS A CONSEQUENCE OF (c)	Ca of Breast	6 yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 174X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this haspital) attended the deceased from Jan, 19 65, to Nov, 19 72 that (I) (we) last saw the deceased alive on Nov 3, 19 72 and that in (my) (our) opinian death accurred an the date and haur and from the causes stated above, (I) (~~are~~) (~~did~~) (did nat) view the body after death.

22b. SIGNATURE: George J. Richards Jr.	M.D. - DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11/6/72
22d. PHYSICIAN'S NAME (Type): George J. Richards	22e. ADDRESS: 6701 N Charles St		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 7, 1972	23c. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park Cem.	23d. LOCATION (City or Town): Baltimore	(County) (State): Md.
24. FUNERAL DIRECTOR: Frank H. Newell	ADDRESS: Pikesville 8, Md.	25a. REC'D BY REGISTRAR DATE: NOV 10 1972	25b. REGISTRAR'S SIGNATURE: Sidney M. Norton	

VR-A15 (4) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17194 17196

1. DECEASED-NAME (Type or print) First: GEORGE Middle: L. Last: TRACEY
2a. DATE OF DEATH Month: November Day: 13 Year: 1972
2b. HOUR: M
3. SEX: Male
4. RACE: white
5. DATE OF BIRTH: May 5 1906
6. AGE (In years last birthday): 66 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Catonsville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 98 Smithwood Av Summitt Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Foreman
12b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY:
13c. CITY OR TOWN: Baltimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 4030 Falls Road
14. FATHER'S NAME First: William Middle: T. Last: Tracey
15. MOTHER'S MAIDEN NAME First: Susie Middle: Last: Wisner
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 212 05 3482
17. INFORMANT Address: Charles V. Tracey 1009 St. Charles Ave 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) xxxxx Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 hours
DUE TO, OR AS A CONSEQUENCE OF
(b) ASCVD — 10 years
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Chronic Renal Disease and Parkinsonism

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 7/1, 19 72, to 11/13/, 19 72, that (I) (we) last saw the deceased alive on 11/13 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James E Rowe MD DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11/15/72
22d. PHYSICIAN'S NAME (Type): Dr. James E. Rowe
22e. ADDRESS: 5550 Baltimore National Pike

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 17 Nov 1972
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
23d. LOCATION (City or Town) (County) (State): Pikesville, Balto Co Md
24. FUNERAL DIRECTOR: Burgee Funeral Home, Inc. ADDRESS: Baltimore, Maryland
25a. REC'D BY REGISTRAR DATE: NOV 20 1972
25b. REGISTRAR'S SIGNATURE: Raleigh Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17195 17197

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year
Sidney	James	Trine	November 30, 1972

2b. HOUR: 1:45 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
Male	White	March 3, 1907	65 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
Missouri	USA		Baltimore County Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Baynesville 21234	1751 E. Joppa Rd.	Owner	Auto Repai

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER
Md.	Balto.	21234		1751 E. Joppa Rd.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
David	W.	Trine	Harriett		Burges

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No		Alberta Trine 1751 E. Joppa Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Cardiovascular Disease — 8 yrs

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5-19-, 1972, to Nov 30, 1972, that (I) (~~we~~) last saw the deceased alive on Nov 21, 1972, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
S.J. Venable M.D.	M.D.	[X]	[ ]	[ ]	12-1-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
S.J. VENABLE, JR M.D	7215 YORK RD - BALTIMORE MD

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	12/2/72	Dulaney Valley Mem Gar.	Balto. Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. E. Johnson 8521 Loch Raven Blvd.	DEC 5 1972	Sidney H. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17196 17198

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: JAMES	Middle: McKinley	Last: TRUESDEL	2a. DATE OF DEATH Month: 11 Day: 20 Year: 72	2b. HOUR: 6:00 P.M.	
3. SEX: MALE	4. RACE: NEGRO	5. DATE OF BIRTH: 5/17/37	6. AGE (In years last birthday): 35 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: UNITED STATES	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): ST. JOSEPH	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 2316 ROBB STREET		
14. FATHER'S NAME First: James	Middle: Herbert	Last: Truesdel	15. MOTHER'S MAIDEN NAME First: Rachael	Middle: Swann	Last:	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-36-0818	17. INFORMANT: Mrs. Mary Truesdel	Address: 2316 Robb St. 21218		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory insufficiency.
DUE TO, OR AS A CONSEQUENCE OF
(b): Bronchopneumonia.
DUE TO, OR AS A CONSEQUENCE OF
(c): Terminal leukemia.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that (I) (this hospitol) attended the deceased from 11-20, 1972, to 11-20, 1972, that (I) (we) last saw the deceased alive on 11-20 1972, and that in (my) (our) opinian death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Florecita P. Palomo md	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 11-21-72	
22d. PHYSICIAN'S NAME (Type): Florecita P. Palomo, M.D.	22e. ADDRESS: 7620 York Rd. Towson, Md. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/24/72	23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary	23d. LOCATION (City or Town): Anne Arundel County	(County) / (State): Md.
24. FUNERAL DIRECTOR: Marshall W. Jones Jr.	ADDRESS: 4101 Edmondson Ave. 21229	25a. REC'D BY REGISTRAR DATE: NOV 22 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Watson	

DHMH-16 1/7 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17197

17199

1. DECEASED-NAME (Type or print): First CHARLES Middle FRANKLIN Last TURNBAUGH Jr
2a. DATE OF DEATH: Month 11 Day 11 Year 72
2b. HOUR 8A M
3. SEX: MALE
4. RACE: CAUC.
5. DATE OF BIRTH: 8/17/20
6. AGE (In years lost birthday) 52 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): MD.
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: Towson
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): GBMC
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): DRIVER
12b. KIND OF BUSINESS OR INDUSTRY: Highway Dept.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD.
13b. COUNTY BALTO.
13c. CITY OR TOWN White Hall
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: BOX. 46 GRAYSTONE RD.
14. FATHER'S NAME First CHARLES Middle F. Last TURNBAUGH
15. MOTHER'S MAIDEN NAME First ANNA Middle LOUISE Last TALBOTT
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 160-16-7347
17. INFORMANT Address: ADMISSION FORM

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC ARREST
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(b) ACUTE MASSIVE MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF
(c) ASVD
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CONJESTIVE HEART FAILURE

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I (this hospital) attended the deceased from NOV. 4 19 72, to NOV. 11, 1972, that (I) last saw the deceased alive on NOV. 11 1972, and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) did not view the body after death.
22b. SIGNATURE Ronald Brodwater MD DEGREE
ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED 11/11/72
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City or Town) (County) (State)
Burial May 14 1972 Stablers Cem. Parkton Md.
24. FUNERAL DIRECTOR ADDRESS
James Hartenstein New Freedom, Pa.
25a. REC'D BY REGISTRAR DATE NOV 15 1972
25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-6-7171 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17198 — 17200

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 10-372 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First: LAURA	Middle: B.	Lost: TURNBAUGH	2a. DATE OF DEATH Month: 11 Day: 12 Year: 72
2b. HOUR: 7:55 PM			
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 6/2/1900	6. AGE (In years last birthday): 72 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): W. VA.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: ROSSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): FRANKLIN SQ.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): H.W.	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO	13c. CITY OR TOWN: ESSEX	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: 21A CYPRESS DR.
14. FATHER'S NAME First: JOSE	Middle: HANNAN	Lost:	15. MOTHER'S MAIDEN NAME First: UNK	Middle:	Lost:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: JACK BROWNSON	Address: 6832 STURBRIDGE DR.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro vascular accident — CEREBROVASCULAR ACCIDENT
DUE TO, OR AS A CONSEQUENCE OF (b): Atherosclerotic Heart disease. — ATHEROSCLEROTIC HEART DISEASE
DUE TO, OR AS A CONSEQUENCE OF (c): Rheumatic Heart disease — RHEUMATIC HEART DISEASE
Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost. 4/23
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** thot (I) (this hospital) attended the deceased from 10-13, 19 72, to 11-12, 19 72, that (I) (we) last saw the deceased alive on 11-12 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death.

22b. SIGNATURE: V. Sathithanathan.	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 11-12-72	
22d. PHYSICIAN'S NAME (Type): V. SATHITHANANTHAN. DR.	22e. ADDRESS: 9000 FRANKLIN SQUARE DRIVE 21237		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/16/72	23c. NAME OF CEMETERY OR CREMATORY: MORELANDS	23d. LOCATION (City or Town): BALTO. MD.	(County) (State)
24. FUNERAL DIRECTOR: J. L. Connelly	ADDRESS	25a. REC'D BY REGISTRAR DATE: NOV 16 1972	25b. REGISTRAR'S SIGNATURE: Lenwyn Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17199 — 17201

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/72 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First: Dawn	Middle: Marie	Last: Tusing	2a. DATE OF DEATH: Month 11, Day 13, Year 72 — 2b. HOUR: 7:15 A M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 11-7-72	6. AGE (In years last birthday): YRS. — IF UNDER 1 YEAR: MONTHS, DAYS: 6 — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Towson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): St. Joseph	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): ------	12b. KIND OF BUSINESS OR INDUSTRY: -----
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Hazelwood	13d. INSIDE CITY LIMITS? YES ☐ NO ☒ — 13e. STREET AND NUMBER: 6507 HazelWood Ave. 21237
14. FATHER'S NAME: First Calvert	Middle Andrew	Last Tusing	15. MOTHER'S MAIDEN NAME: First Sharon	Middle Elizabeth	Last Pritchett
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: None	17. INFORMANT: Mr. Calvert A. Tusing	Address: Balto. 21237

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Generalized Immaturity — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: at birth

DUE TO, OR AS A CONSEQUENCE OF (b): (associated with Hyperalbuminemia & Hyperbilirubinemia)

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 777X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: —	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS ☐ UNDERLYING CAUSE OF DEATH ☐ CONTRIBUTING (If either, notify medical examiner) — 21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) — 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (X) (this hospital) attended the deceased from 11-7, 1972, to 11-13, 1972, that (X) (we) last saw the deceased alive on 11-13 1972, and that in (XXX) (our) opinion death occurred on the date and hour and from the causes stated above, (X) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Eusebio P. Gonzales M.D. — DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11/13/72

22d. PHYSICIAN'S NAME (Type): EUSEBIO P. GONZALES, M.D. — 22e. ADDRESS: 1134 YORK RD, LUTHERVILLE, MD. 21093

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/14/72	23c. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery	23d. LOCATION (City or Town): Parkville	(County): Baltimore (State): Md.

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd. Balto. 21236

25a. REC'D BY REGISTRAR DATE: NOV 17 1972 — 25b. REGISTRAR'S SIGNATURE: Sidney P. Norton

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17200 17202

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon sheets. (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Maria		Vachino	11	25	1972	11.15 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
Female	White	4/22/1890	82 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Torino, Italy	US		Balto. Co. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson, Md/	Dulaney Towson Nursing Home 111 West Rd. 21204	Retired Seamtress	Clothing

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Baltimore	Baltimore	YES ☐ NO ☒	6701 Golden Ring Rd. 21237

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John		Lagna	Domenica		Vachino

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO		218-07-3564	Dulaney Towson Nursing Home 111 West Rd.	21204

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PROBABLE PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF
(b) DIABETES MELLITUS
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 2509

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
URINARY TRACT INFECTION - GENERALIZED ASCV DISEASE

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☐	

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner)	UNDERLYING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Robert W Whitley		☒	☐	☐	11/25/72.

22d. PHYSICIAN'S TO WRITE (Type)	22e. ADDRESS
Dr. Charles O'Donnell	7501 York Rd 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/28/72.	Holy Redeemer Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Leona rd J. Ruck, Inc.	Balto. Md. 21214	NOV 28 1972	Sidney H Norton

VR A15 (A)
25m-1/70

1

FOR STATE HEALTH DEPT.

17201

17203

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DHMH Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Eleanor	Middle: A	Last: Vanneman	2a. DATE KNOWN OF DEATH ESTIMATED ☐	Month: 11	Day: 9	Year: 72	2b. HOUR: 5:30 A M	
3. SEX: female	4. RACE: white	5. DATE OF BIRTH: 6-30-39	6. AGE (In years last birthday): 33 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month 11	Day 9	Year 1972	2d. HOUR: 5:30 A M
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY? UNITED STATES	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.						
10. CITY OR TOWN OF DEATH: RANDALSTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BALTIMORE COUNTY GEN.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY: AMERICAN CAN CO.						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: Catonsville	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 7145 D Rolling Bend Rd.					
14. FATHER'S NAME First: MARION	Middle:	Last: KUTA	15. MOTHER'S MAIDEN NAME First: ANNA	Middle:	Last: Zych				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-34-7428	17. INFORMANT: VERNON VANNEMAN	ADDRESS: 7145 D Rolling Bend Rd.					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Chronic Rheumatic Heart Disease; mitral

DUE TO, OR AS A CONSEQUENCE OF (b): 3960 aortic valve Rheumatic fever - Hypertension

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 yrs / 2 yrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert B Taylor MD M.D.

EXAMINER'S NAME (Type): TAYLOR

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 11-9-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	NOV. 13, 1972	Holy Rosary CEM.	BALTIMORE, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John M. WEBER & SON'S INC. 401 S. CHESTER ST	NOV 10 1972	Sidney H. Norton

VR A15ME (5) 10M - 1/69

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

17202

17204

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: GLENN	Middle: ROWDEN	Last: VLIET SR.	2a. DATE KNOWN OF DEATH ☑ / ESTIMATED ☐: Month Nov. Day 29 Year 72	2b. HOUR 4:15 PM			
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 2-26-04	6. AGE (In years last birthday): 68 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month Nov. Day 29 Year 19 72	2d. HOUR 5:30 PM		
7a. BIRTHPLACE (State or foreign country): MICHIGAN	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.				
10. CITY OR TOWN OF DEATH: COCKEYSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): AFD 311 LIMESTONE VALLEY DR.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): RETIRED-ARMED SERVICES-	12b. KIND OF BUSINESS OR INDUSTRY: U.S.G.G.				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER: 1004 E. 36TH ST.			
14. FATHER'S NAME First: ?	Middle	Last	15. MOTHER'S MAIDEN NAME First: ?	Middle	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 250-07-1559	17. INFORMANT: THEODORE W. VLIET	ADDRESS: 1589 KILLEEN DR PASADENA, Md.				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: William Pillsbury M.D.

EXAMINER'S NAME (Type): WILLIAM A. PILLSBURY

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

ADDRESS (Street, city, Town, or County): Timonium

22b. DATE SIGNED: 11/29/72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-2-72	23c. NAME OF CEMETERY OR CREMATORY: Lake View	23d. LOCATION (City or Town) (County) (State): Carroll Co. Md.	
24. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.	ADDRESS: 4905 York Road Balto., Md. 21212	25a. REC'D BY REGISTRAR DATE: DEC 1 1972	25b. REGISTRAR'S SIGNATURE: Sidney L. Norton	

VR A15ME (5) 8M-1/70

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17203 17205

It m#1,1-,FilmG455 12/20/72 kam

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
	Voggenauer	Voggenauer	11	25	72	6:00 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
Male	Cauc.	11-25-72					43

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
MARYLAND	U.S.A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Towson	GREATER BALTIMORE MEDICAL CENTER		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Maryland	Baltimore	Baltimore		5410 Gwyndale Avenue

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JOSEPH	ANDRE	Voggenauer MAGGENHAUER	MILLICENT	ANNA	OREM

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Atelectasis

DUE TO, OR AS A CONSEQUENCE OF (b) Congenital malformations.

DUE TO, OR AS A CONSEQUENCE OF (c) Hyaline Membrane Disease

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
			Yes

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from 11/25/72, 19 6:00 pm, 19____, that (I) (we) last saw the deceased alive on 11/25/72 19 6:00 pm, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☑	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Elizabeth Acton					11/25/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	11/27/72	GBMC	Towson Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Mario Roman M.D.	NOV 28 1972	Sidney H. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17204 — 17206

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First: FLORENCE	Middle:	Lost: WADE	2a. DATE OF DEATH Month: NOVEMBER Day: 8, Year: 1972
2b. HOUR: 2:30PM			
3. SEX: FEMALE	4. RACE: BLACK	5. DATE OF BIRTH: 5-2-1887	6. AGE (In years last birthday): 85 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): HALIFAX CO.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: CATONSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 218 MELVIN AVENUE	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO	13c. CITY OR TOWN: CATONSVILLE	13d. INSIDE CITY LIMITS? YES ☐ NO ☒ — 13e. STREET AND NUMBER: 218 MELVIN AVENUE
14. FATHER'S NAME First: GEORGE	Middle:	Lost: WADE	15. MOTHER'S MAIDEN NAME First: ANN	Middle:	Lost: RAGGLAND
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: MRS. MARY L. BROOKS	Address: 218 MELVIN AVENUE

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Appx 2 hours

4100

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Heart Disease - Hypertension — 7 years.

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Pneumonitis — 3 1/2 WKS

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS (If either, notify medicol exominer) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 29 Oct, 19 72, to 8 NOV, 19 72, that (I) (~~we~~) last saw the deceased alive on 3 NOV 19 72 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: C. R. Davidson M.D. DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 9 NOV-72	
22d. PHYSICIAN'S NAME (Type): Charles Robert Davidson	22e. ADDRESS: 2034 W North Ave Baltimore, Md. 21217		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-12-72	23c. NAME OF CEMETERY OR CREMATORY: MAYO CHURCH CEMETERY	23d. LOCATION (City or Town) (County) (State): HALIFAX COUNTY, VIRGINIA	
24. FUNERAL DIRECTOR: MORTON & DYETT FUNERAL HOMES	ADDRESS: 1701 LAUREL ST.	25a. REC'D BY REGISTRAR DATE: NOV 9 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17205 — Item#17, Film GL53 11/21/72 kam — 17207

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be detached by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-10 7-71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Josephine	K.	Wagner	11 13 72	10:15 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
F	CAU	9/18/04	68 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARITAL	9. COUNTY OF DEATH
BALTO., MD.	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most af working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE	GBMC	HOMEMAKER	OWN HOME

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.		BALTO.10	YES ☒ NO ☐	100 W. COLDSPRING LANE 21210

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Norval	H.	King	Helen		Boehme

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	213-48-0295	1410 Boyce Ave. Mr. G. W. Wagner, Jr. 11/12 Patricia Ct.	21204

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Probable Heptorenal Syndrome — 5710

DUE TO, OR AS A CONSEQUENCE OF

(b) Cirrhosis

DUE TO, OR AS A CONSEQUENCE OF

(c) Chronic Alcoholism and Malnutrition

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner)	UNDERLYING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 11/12, 19 72, to 11/13, 19 72, that (I) (we) last saw the deceased alive on 11/13 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Ronald Broadwater MD — DEGREE — ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒ — 22c. DATE SIGNED 11/13/72

22d. PHYSICIAN'S NAME (Type) DR. Ronald Broadwater — 22e. ADDRESS 6701 N. Charles St.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11-16-72	Druid Ridge	Pikesville, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
H. W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212	NOV 14 1972	Archey H. Fontaine

17206

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17208

Item#5,6,Film3454 12/8/72 kam

1. DECEASED-NAME (Type or print) First: MARY Middle: ANNA Last: WAGNER

2a. DATE OF DEATH Month: NOVEMBER Day: 20 Year: 1972

2b. HOUR: 7:35 PM

3. SEX: FEMALE

4. RACE: WHITE

5. DATE OF BIRTH: 10-5-91 ~~5/10/96~~

6. AGE (In years last birthday): 76/81 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: BALTIMORE COUNTY Md.

10. CITY OR TOWN OF DEATH: RANDALLSTOWN, MD.

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BALTIMORE CO. GENERAL

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.

13b. COUNTY:

13c. CITY OR TOWN: Pimlico

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 5247 NELSON AVE. BALTO.

14. FATHER'S NAME First: August Middle: Lost: Dembeck

15. MOTHER'S MAIDEN NAME First: Anna Middle: Lost: Beling

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.:

17. INFORMANT: Daughter: Mrs. Elizabeth Stone Address: 5247 Nelson Ave. Balto. Md. 21215

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF (b): A.S.H.D.

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Nat while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 5/17/68, 19____, to 11/20/7219____, that (I) (~~we~~) last saw the deceased alive on 11/20/7219____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: Julius C. Gluck, M.D. DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 11/21/72

22d. PHYSICIAN'S NAME (Type): JULIUS C. GLUCK M.D.

22e. ADDRESS: 5356 Reisterstown Road 21215

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-24-72

23c. NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cemetery

23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland

24. FUNERAL DIRECTOR ADDRESS: John J. Duda 2829 Hudson St. Balto. Md. 21224

25a. REC'D BY REGISTRAR DATE: NOV 27 1972

25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17207 — Item#6, Film G454 12/8/72 kam — 17209

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Carroll	Middle: -	Last: WAGONER	2a. DATE OF DEATH: Month 11 Day 29 Year 72	2b. HOUR: 2:45 P M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 12-26-41	6. AGE (In years last birthday): 31/30 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Owings Mills	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rosewood State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Dependent	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Lansdown	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 210 Minebank Lane	
14. FATHER'S NAME First: Carroll	Middle: Milton	Last: Wagoner	15. MOTHER'S MAIDEN NAME First: Dorothy	Middle: Helen	Last: MUHLBAUER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: -------	17. INFORMANT Address: Rosewood Records, Owings Mills, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Terminal
DUE TO, OR AS A CONSEQUENCE OF (b): Lobar Pneumonia, Bilateral Severe — days
DUE TO, OR AS A CONSEQUENCE OF (c): Pulmonary Abscess, Bilateral, Multiple — months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 513 X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Dehydration Severe, Mental Retardation, Congenital, Severe

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 2/25/50, 19____, to 11/29/72, 19____, that (I) (we) last saw the deceased alive on 11/29/72 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Richard A. Jones	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 12/1/72	
22d. PHYSICIAN'S NAME (Type): Richard A. Jones, M.D.	22e. ADDRESS: Rosewood State Hospital		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 12-2-72	23c. NAME OF CEMETERY OR CREMATORY: LOUDEN PARK	23d. LOCATION (City or Town) (County) (State): FREDERICK Rd. BALTO. Md.	
24. FUNERAL DIRECTOR: KRAUSE FUN. HOME	ADDRESS: 1216 S. CHARLES ST	25a. REC'D BY REGISTRAR DATE: DEC 6 1972	25b. REGISTRAR'S SIGNATURE: Evelyn Norton	

17208

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17210

1. DECEASED-NAME (Type or print): First: Carrie; Middle: ; Last: Wainwright

2a. DATE OF DEATH: Month 11 Day 11 Year 72

2b. HOUR: 5:45 P M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 4-12-83

6. AGE (In years last birthday): 89 YRS. IF UNDER 1 YEAR: MONTHS ; DAYS ; IF UNDER 24 HRS.: HOURS ; MIN.

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Balto.

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Perring Pkw. Nursing Home, 1801 Wentworth Rd.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): housewife

12b. KIND OF BUSINESS OR INDUSTRY: at home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Balto.

13c. CITY OR TOWN: Balto.

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: 2807 Summit Ave.

14. FATHER'S NAME First: Charles Middle: Last: Kellner

15. MOTHER'S MAIDEN NAME First: Middle: Last: Kilman

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: -

17. INFORMANT Address: Dr. Paul Wainwright (son) same addres

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic Cardiovascular Dis-

DUE TO, OR AS A CONSEQUENCE OF (b): General Atherosclerosis-

DUE TO, OR AS A CONSEQUENCE OF (c): Senility-

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/9/72 to 11/11/72, that (I) (we) last saw the deceased alive on 11/10/72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE, DEGREE: Anthony F Carozza MD ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 11-11-72

22d. PHYSICIAN'S NAME (Type): Anthony F CAROZZA

22e. ADDRESS: 3217 York Rd Balto Md 21212

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/14/72

23c. NAME OF CEMETERY OR CREMATORY: Western Cemetery

23d. LOCATION (City or Town) (County) (State): Balto. Md.

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.

ADDRESS: 3331 Brehms Lane, Balto. 21213

25a. REC'D BY REGISTRAR DATE: NOV 14 1972

25b. REGISTRAR'S SIGNATURE: Sidney Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17209 — 17211

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR
JAMES		WALKER	11 1 72	4 55 p M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
MALE	NEG.	9/25/12	60 YRS.	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH	
S.C.	U.S.A.		BALTIMORE Md.	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
BALTIMORE	GBMC	Steel Worker	Steel	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Md.		Balto.		2023 N. Wolfe St.
14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle Lost
WILLIAM		WALKER	BESSIE	ROSEBOURGH
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		221-01-9210	ADMISSION SLIP	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CA LUNG WITH ADVANCE METASTASIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1621

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. **I certify** that (I) (this haspital) attended the deceased from _____, 19____, ta _____, 19____, that (I) (we) last saw the deceased alive an 11/1 19 72 and that in (my) (aur) opinian death accurred an the date and hour and fram the causes stated abave, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
P. ARUNAKUL					

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
PUNYA ARUNAKUL	6701 N. CHARLES ST.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Burial	11-6-72	Md. Natl. Mem. Park	Laurel Md.

24. FUNERAL DIRECTOR ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Elliott Funeral Home 129 N. Caroline St.	NOV 6 1972	Sidney M. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17210 — 17212

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 [illegible])

1. DECEASED-NAME (Type or print) First / Middle / Lost	Melvin Taylor Wallis
2o. DATE OF DEATH Month Doy Yeor	11-16-72
2b. HOUR	12 noon
3. SEX	male
4. RACE	white
5. DATE OF BIRTH	3-11-94
6. AGE (In yeors lost birthday)	78 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7o. BIRTHPLACE (State or foreign country)	Md.
7b. CITIZEN OF WHAT COUNTRY?	U.S.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Baltimore Co. Md.
10. CITY OR TOWN OF DEATH	Catonsville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	SPRING GROVE HOSPITAL
12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Farmer
12b. KIND OF BUSINESS OR INDUSTRY	Agriculture
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	Harford
13c. CITY OR TOWN	Bel Air
13d. INSIDE CITY LIMITS? YES ☐ NO ☒	
13e. STREET AND NUMBER	806 Carrs Mill Road Rt. #4 Bel Air
14. FATHER'S NAME First / Middle / Lost	Robert Orman Wallis
15. MOTHER'S MAIDEN NAME First / Middle / Lost	Frances Anne Quinlan
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	NO
16b. SOCIAL SECURITY NO.	213-20-3555A
17. INFORMANT Address	RECORDS: SPRING GROVE STATE HOSPITAL

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Acute pulmonar edema.

DUE TO, OR AS A CONSEQUENCE OF

(b) ASCVD

DUE TO, OR AS A CONSEQUENCE OF

(c) Generalized arteriosclerosis

Conditions, if any, which gove rise to immediote couse (o), stoting the underlying couse last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20o. AUTOPSY? YES ☐ NO ☒	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	
21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. City or Town County Stote	

22o. **I certify** thot (I) (this hospital) attended the deceased from June 19, 1970, to November 16, 1972, that (I) (we) last sow the deceased olive on November 16 1972, and thot in (my) (our) opinion death occurred on the dote ond hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter deoth.

22b. SIGNATURE: A. Padron — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 11-16-72

22d. PHYSICIAN'S NAME (Type): Anselmo Padron, M.D.

22e. ADDRESS: SPRING GROVE STATE HOSPITAL CATONSVILLE, MARYLAND 21228

23o. BURIAL, CREMATION, REMOVAL (Specify)	Burial
23b. DATE	Nov. 20, 1972
23c. NAME OF CEMETERY OR CREMATORY	Mt. Zion Methodist Church Cem.
23d. LOCATION (City or Town) (County) (Stote)	Bel Air, Harford Co, Maryland 21014
24. FUNERAL DIRECTOR	Joseph William Foster
ADDRESS	W. Broadway & Williams St. Bel Air, Maryland 21014
25o. REC'D BY REGISTRAR DATE	NOV 20 1972
25b. REGISTRAR'S SIGNATURE	Sidney H. Norton

17215

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17216

1. DECEASED-NAME (Type or print): First: Margaret; Middle: Mary; Last: Ward

2a. DATE OF DEATH: Month: 11; Day: 25; Year: 72

2b. HOUR: 1:26 AM

3. SEX: Female

4. RACE: Caucasian

5. DATE OF BIRTH: 12-25-34

6. AGE (In years last birthday): 37 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Baltimore County Md.

10. CITY OR TOWN OF DEATH: Towson

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Greater Balto. Med. Center

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOMEMAKER

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Balto

13c. CITY OR TOWN: Cockeysville

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: Ivy Hill Rd.

14. FATHER'S NAME: First: Joseph; Middle: A; Last: Belz

15. MOTHER'S MAIDEN NAME: First: Mary; Middle: ; Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 215 32 6412

17. INFORMANT: Edmund M. Ward Address: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

5710

IMMEDIATE CAUSE (a): Hepatic failure

DUE TO, OR AS A CONSEQUENCE OF

(b): Cirrhosis

DUE TO, OR AS A CONSEQUENCE OF

(c): Chronic alcoholism

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [X] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify thot (I) (this hospitol) ottended the deceosed from Nov. 20, 1972, to Nov. 25, 1972, thot (I) (we) lost sow the deceosed olive on Nov. 25 19 72, and thot in (my) (our) opinion deoth occurred on the dote ond hour ond from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.

22b. SIGNATURE: Mario Roman M.D. DEGREE ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]

22c. DATE SIGNED: 11-25-72

22d. PHYSICIAN'S NAME (Type): Mario Roman, M.D.

22e. ADDRESS: 6701 N. Char. St. Balto., Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/27/72

23c. NAME OF CEMETERY OR CREMATORY: Greenmount Crematory

23d. LOCATION (City or Town) (County) (State): Baltimore Balto Md.

24. FUNERAL DIRECTOR ADDRESS: Mitchell Wiedefeld Home 6500 York Rd.

25a. REC'D BY REGISTRAR DATE: NOV 29 1972

25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/70 30M
(VR A15 (1))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17212 17213

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: Thomas Middle: Festus Last: Walsh
2a. DATE OF DEATH Month: 11 Day: 25 Year: 72
2b. HOUR: 633 PM
3. SEX: M
4. RACE: Cauc.
5. DATE OF BIRTH: 9/3/05
6. AGE (In years last birthday): 67 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Penn.
7b. CITIZEN OF WHAT COUNTRY?: U.S.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Balt. Md.
10. CITY OR TOWN OF DEATH: ROSSVILLE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): FRANKLIN SQ
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY: SCHOOL
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY: BALTO
13c. CITY OR TOWN: MIDDLE RIVER
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 41 LEFT WING DR
14. FATHER'S NAME First: MICHAEL Middle: Last: WALSH
15. MOTHER'S MAIDEN NAME First: SARAH Middle: Lost: CONNOLLY
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): UNK (If yes give wor or dates of service)
16b. SOCIAL SECURITY NO.: 170-09-1796
17. INFORMANT: ROSEMARY WALSH Address: ABOVE

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Septic Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 MIN
DUE TO, OR AS A CONSEQUENCE OF
(b): Acute pyelonephritis — 5 days
DUE TO, OR AS A CONSEQUENCE OF
(c): Chronic pyelonephritis, Acute Prostatitis
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
5901

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Emphysema, Severe generalized atherosclerosis

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 11/24, 19 72, to 11/25, 19 72, that (I) (we) last saw the deceased alive on 11/25 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Dask — DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 11/26/72
22d. PHYSICIAN'S NAME (Type): DR. DAS
22e. ADDRESS: 9000 FRANKLIN SQUARE DRIVE

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 11/28/72
23c. NAME OF CEMETERY OR CREMATORY: ST. JOSEPHS
23d. LOCATION (City or Town) (County) (State): SCRANTON PA.

24. FUNERAL DIRECTOR ADDRESS: John D. Connelly 300 Main Ave.
25a. REC'D BY REGISTRAR DATE: NOV 29 1972
25b. REGISTRAR'S SIGNATURE: Archey Hinton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17213 — 17214

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be mailed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: DORIS	Middle: MAY	Last: WALTER	2a. DATE OF DEATH: Month Nov. Day 22 Year 72
2b. HOUR: 4:15 P M	3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 12/22/34
6. AGE (In years last birthday): 37 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: UNITED STATES	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: BALTIMORE COUNTY MARYLAND Md.
10. CITY OR TOWN OF DEATH: TOWSON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): SAINT JOSEPH'S HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Bus Driver-Balt.Co.	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: BALTIMORE	13c. CITY OR TOWN: COCKEYSVILLE	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: 10525 GLENSIDE DRIVE. ~~218 Limestone Valley Dr.~~			
14. FATHER'S NAME First: GEORGE	Middle: RUTH	Last:	15. MOTHER'S MAIDEN NAME First: EVELYN	Middle:	Last: KEMPSKE
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-30-1751	17. INFORMANT: GEORGE R WALTER	Address: SAME AS # 13	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4319
IMMEDIATE CAUSE (a) CEREBRAL EDEMA AND CEREBELLAR HERMATION
DUE TO, OR AS A CONSEQUENCE OF
(b) INTRACEREBRAL HEMORRHAGE
DUE TO, OR AS A CONSEQUENCE OF
(c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
PULMONARY EDEMA

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that ~~(I)~~ (this hospitol) attended the deceased from Nov. 19, 1972, to Nov. 22, 1972, that ~~(I)~~ (we) last saw the deceased alive an Nov. 22 1972, and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above, ~~(I)~~ (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Florecta P. Palomo md	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 11-23-72	
22d. PHYSICIAN'S NAME (Type): Florecta P. Palomo, M.D.	22e. ADDRESS: 7620 YORK ROAD Baltimore, Md. 21204		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-27-72	23c. NAME OF CEMETERY OR CREMATORY: Dulaney Valley Mem. Gardens	23d. LOCATION (City or Town) (County) (State): Timonium, Balto. Md.	
24. FUNERAL DIRECTOR: Wm. Cook-Brooks	ADDRESS: Towson 1050 York Rd.	25a. REC'D BY REGISTRAR DATE: NOV 28 1972	25b. REGISTRAR'S SIGNATURE: Audrey M Norton	

DHMH-16 1/71 30M
(VR A15 '47)

4 1

FOR STATE HEALTH DEPT.

17214

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17215

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: HARRY	Middle:	Lost: WALTERS	2a. DATE KNOWN ☑ OF DEATH ESTIMATED ☐	Month: 11	Day: 21	Year: 72	2b. HOUR: 8 00 M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 1/18/86	6. AGE (In years last birthday): 86 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 11	Day 21	Year 1972	2d. HOUR: 9 00 M
7a. BIRTHPLACE (State or foreign country): GERMANY	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTO						
10. CITY OR TOWN OF DEATH: ESSEX	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 807 BENGIES	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY: AIR CRAFT						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: BALTO	13c. CITY OR TOWN: ESSEX	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: 807 BENGIES					
14. FATHER'S NAME First: UNK.	Middle:	Lost:	15. MOTHER'S MAIDEN NAME First: UNK	Middle:	Lost:				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-07-4555	17. INFORMANT: F. WALTERS	ADDRESS: 249 NANTICOKE						

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

(b): Chronic Ischemic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Senility

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐	
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** thot I took chorge of the remoins described obove, held on Autopsy ☐, Inspection ☑, Inquiry ☐ ond in my opinion deoth resulted from: Noturol couses ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE: M.B. Davis M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

EXAMINER'S NAME (Type): M.B. DAVIS

ADDRESS (Street, city, town, or county): 6800 MORNING VIEW AVE

22b. DATE SIGNED: 11/21/72

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/24/72	23c. NAME OF CEMETERY OR CREMATORY: GARDENS OF FAITH	23d. LOCATION (City or Town): BALTO.	(County): MD. (State):
24. FUNERAL DIRECTOR: J. G. CONNELLY	ADDRESS: 300 MACE	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Audrey H. Norton	

VR A15ME (5) 8M-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17216 — 17217

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: LOUISE	Middle: E.	Last: WATSON	2a. DATE OF DEATH: November (Month) 22, (Day) 1972 (Year)
2b. HOUR: M				
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 5-17-1914	6. AGE (In years last birthday): 58 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.	
10. CITY OR TOWN OF DEATH: Lansdowne	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 2914 Charleston Avenue	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Packer	12b. KIND OF BUSINESS OR INDUSTRY: Barr Stafford	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Lansdowne	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 2914 Charleston Avenue 21227
14. FATHER'S NAME: First John Middle H. Last Halbig		15. MOTHER'S MAIDEN NAME: First Elizabeth Middle Rauch Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Mr. Donald A. Watson, Sr.	Address: 4226 Audrey Ave. 21225	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of the pancreas — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 mos.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1579

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/1, 1972, to 11/22, 1972, that (I) (we) last saw the deceased alive on 11/21 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Morris W. Steinberg M.D. DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11/24/72
22d. PHYSICIAN'S NAME (Type): Morris W. Steinberg
22e. ADDRESS: 3913 Hollins Ferry Road, Balto., Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-25-1972	23c. NAME OF CEMETERY OR CREMATORY: Meadowridge Cemetery	23d. LOCATION (City or Town) (County) (State): Wash. Blvd. Howard Co., Md.	
24. FUNERAL DIRECTOR: Howard H. Hubbard	ADDRESS: 4107 Wilkens Ave. 21229	25a. REC'D BY REGISTRAR DATE: NOV 28 1972	25b. REGISTRAR'S SIGNATURE: Audrey H. Watson	

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17211 — 17218

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: CHARLES	Middle: WILTON	Last: WEBSTER	2a. DATE KNOWN OF DEATH / ESTIMATED: Month November Day 30 Year 1972	2b. HOUR: 4:45 P.M.		
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 6/24/09	6. AGE (In years last birthday): 63 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month November Day 30 Year 1972
2d. HOUR: 4:45 P.M.						
7a. BIRTHPLACE (State or foreign country): Balto. Md.	7b. CITIZEN OF WHAT COUNTRY?: UNITED STATES	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: BALTIMORE Md.			
10. CITY OR TOWN OF DEATH: TOWSON, MARYLAND	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ST. JOSEPH HOSP	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Nat.Acct.Secc't	12b. KIND OF BUSINESS OR INDUSTRY: Gen.Elec.Co.			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: Baltimore	13c. CITY OR TOWN: BALTO	13d. INSIDE CITY LIMITS? YES ☒ NO ☒	13e. STREET AND NUMBER: 5 FAIRVIEW RD. #21212		
14. FATHER'S NAME First: Andrew	Middle: S.	Last: Webster	15. MOTHER'S MAIDEN NAME First: Elvah	Middle:	Last: Moore	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-09-8720	17. INFORMANT: C.Dennis Webster	ADDRESS: 10510 Gateridge Rd. Cockeysville			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
(b): Hypertensive Cardio Renal — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF
(c): Arteriosclerosis
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4100

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: Senility

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Charles F. O'Donnell M.D.
EXAMINER'S NAME (Type): Dr.Charles F. O'Donnell
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 11/30/72

23a. BURIAL, CREMATION, REMOVAL (Specify): entombment	23b. DATE: 12/4/72	23c. NAME OF CEMETERY OR CREMATORY: Dulaney Valley Mausoleum	23d. LOCATION (City or Town) (County) (State): Balto. Co. Md.	
24. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home	ADDRESS: 6500 York Rd. Balto.Md. 21212	25a. REC'D BY REGISTRAR DATE: DEC 5 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-17 1/72-400M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17217 — 17219

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be mailed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3/72 25M (VR A15 (4))

1. DECEASED-NAME (Type or print)	First: JOHN	Middle: WILLIAM	Last: WELLER	
2a. DATE OF DEATH	Month: November	Day: 5	Year: 1972	2b. HOUR: 5:50 P M
3. SEX	MALE			
4. RACE	CAUCASIAN			
5. DATE OF BIRTH	6/10/08			
6. AGE (In years last birthday)	64 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	MARYLAND			
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.			
8. MARRIED XX / NEVER MARRIED / WIDOWED / DIVORCED				
9. COUNTY OF DEATH	BALTIMORE Md.			
10. CITY OR TOWN OF DEATH	FORT HOWARD			
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	VETERANS ADMINIS HOSPITAL			
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	BANK EMPLOYEE			
12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MARYLAND			
13b. COUNTY	ANNE ARUNDEL			
13c. CITY OR TOWN	LINTHICUM			
13d. INSIDE CITY LIMITS?	YES / NO			
13e. STREET AND NUMBER	3 Mansion Road			
14. FATHER'S NAME	First: Harry	Middle:	Last: WELLER	
15. MOTHER'S MAIDEN NAME	First: Mary	Middle:	Last: ROEMER	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	YES WW2			
16b. SOCIAL SECURITY NO.	215 18 2069			
17. INFORMANT Address	VAH, Fort Howard Clinical Records, Maryland			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	BRONCHOPNEUMONIA	4 DAYS
DUE TO, OR AS A CONSEQUENCE OF (b)	CEREBROVASCULAR ACCIDENT	1 YEAR
DUE TO, OR AS A CONSEQUENCE OF (c)		

4369

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO XX	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING / OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this haspital) attended the deceased from June 29, 19 71, to NOV 5, 19 72, thot (I) (we) last sow the deceased olive an NOV 5 19 72, and thot in (my) (our) opinion deoth occurred on the date ond hour and from the couses stoted above (I) (we) (did) (did not) view the bady ofter deoth.

22b. SIGNATURE Peter V. Juvan — DEGREE: ATTENDING PHYS. / MED. DIRECTOR / STAFF PHYS. XX		22c. DATE SIGNED 11/5/72
22d. PHYSICIAN'S NAME (Type)	PETER V. JUVAN M.D.	22e. ADDRESS VAH, Fort Howard, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	11/8/72	Loudon Park	Baltimore, Maryland

24. FUNERAL DIRECTOR ADDRESS	MCNABB Funeral Home Frederick & Wade Ave Balto. Md. Catonsville, Md.	25a. REC'D BY REGISTRAR DATE NOV 14 1972 — 25b. REGISTRAR'S SIGNATURE Audrey H. Horton

17218

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17220

Item#5, Film 453 11/20/72 kam

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First: Hilda	Middle:	Last: West	2a. DATE OF DEATH Month: 11 Day: 18 Year: 72
2b. HOUR: 8:20 A M			
3. SEX: Female	4. RACE: Negro	5. DATE OF BIRTH: 2-8-1907	6. AGE (In years last birthday): 65 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.
10. CITY OR TOWN OF DEATH: Mt. Wilson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Mt. Wilson State Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Domestic	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 2452 David H. Hill Av.
14. FATHER'S NAME First: Mack	Middle:	Last: West	15. MOTHER'S MAIDEN NAME First: Georgie	Middle:	Last: Waters
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-22-3657	17. INFORMANT: Records,	Address: Mt. Wilson State Hospital

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Brain Syndrome
DUE TO, OR AS A CONSEQUENCE OF (b): C.V.A.
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4369
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Latent Syphilis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this haspital) attended the deceased from 7-6, 1972, to 11-18, 1972, that (I) (we) last saw the deceased alive an 11-17 1972, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Elmer P. Sauer MD — DEGREE, ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐ — 22c. DATE SIGNED: 11-18-72

22d. PHYSICIAN'S NAME (Type): Elmer P. Sauer, M.D. — 22e. ADDRESS: Mt. Wilson, Maryland 21112

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/22/72	23c. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cemetry	23d. LOCATION (City or Town): Baltimore, Md	(County) (State)
24. FUNERAL DIRECTOR: Adolphus Halstead	ADDRESS: 1206 W North Ave	25a. REC'D BY REGISTRAR DATE: NOV 20 1972	25b. REGISTRAR'S SIGNATURE: Audrey Horton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17219 — 17221

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Veneta	Middle: C.	Last: White	2a. DATE OF DEATH: Month November Day 30, Year 1972	2b. HOUR: 5:15 P.M.
3. SEX: female	4. RACE: white	5. DATE OF BIRTH: Nov. 04, 1900	6. AGE (In years last birthday): 72 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Indiana	7b. CITIZEN OF WHAT COUNTRY?: U. S.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Baltimore Md.		
10. CITY OR TOWN OF DEATH: Catonsville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SPRING GROVE STATE HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.): housework	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Pr. Geo.	13c. CITY OR TOWN: Hyatts.	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 5505 Fortieth Avenue	
14. FATHER'S NAME First Middle Last: Charles White		15. MOTHER'S MAIDEN NAME First Middle Last: Mary Jane Comiskey			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-44-9705	17. INFORMANT Address: RECORDS: SPRING GROVE STATE HOSPITAL			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute, bilateral Bronchopneumonia, both lower lobes — 485X
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Port 2, Item 18.)	
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (☒) (this hospital) attended the deceased from Jan. 27, 19 71, to Nov. 30, 19 72, that (☒) (we) last saw the deceased alive an Nov. 30 19 72, and that in (my) (our) opinian death occurred on the date and haur and from the causes stated abave, (I) (did) (did not) view the body after death.

22b. SIGNATURE: Felix Miclat, M.D. — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒ — 22c. DATE SIGNED: 12-1-72

22d. PHYSICIAN'S NAME (Type): Felix Miclat, M.D. — 22e. ADDRESS: SPRING GROVE STATE HOSPITAL Catonsville, Maryland 21228

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Dec 5, 1972	23c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery	23d. LOCATION (City or Town) (County) (State): Washington D. C.	
24. FUNERAL DIRECTOR: F. Gasch's Sons	ADDRESS: Hyattsville, Md.	25a. REC'D BY REGISTRAR DATE: DEC 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-16 1/71 30M
6100 (VR A15 (4))

1

FOR STATE HEALTH DEPT.

17220

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17222

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR A15ME (5))

1. DECEASED-NAME (Type or Print) First	Middle	Last					2a. DATE KNOWN OF ESTIMATED DEATH ☑ Month Doy Year		2b. HOUR
Leo		Wilmore					11-27 1972		2:20 P.M.
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN	2c. DATE PRONOUNCED DEAD Month Day Year	2d. HOUR
Male	Negroid	7-12-13	59 YRS.					11-27-1972	2:20 P.M.
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH						
Balto., Md.	USA		Baltimore Md.						
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY						
Sparrows Point, MD.	Sp. Pt. Beth. Steel Disp.	Labor	Steel						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER					
MD.		Baltimore	YES ☒ NO ☐	2409 E. Lafayette St. 21213 Balto.					
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last				
Thornton	Wilmore		Amelia		Butler				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
		218-07-5332	Henrietta	Wilmore					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

IMMEDIATE CAUSE (a) Coronary Occlusion

DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Ischemic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. **I certify** thot I took charge of the remains described above, held on Autopsy ☐, Inspection ☑, Inquiry ☑, ond in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE M.D. — CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑

EXAMINER'S NAME (Type) Melvin B. Davis, M. D. ADDRESS(Street, city, town, or county) 6809 Mornington Rd. Balto, MD. 21222

22b. DATE SIGNED 11/27/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)	24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Burial	12/1/72	Arbutus Mem. Pk.	Arbutus Mem. Pk.	Joseph L. Locke	1304 N. Caroline St.	NOV 29 1972	Sidney [illegible]

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17221 — 17223

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72-25M (VR A15 (4))

1. DECEASED-NAME (Type or print) First	DAISY	Middle L.	Last WILSON
2a. DATE OF DEATH Month Day Year	11 3 72		2b. HOUR 5:28 P.M.
3. SEX	Female		
4. RACE	White		
5. DATE OF BIRTH	Aug. 6, 1899		
6. AGE (In years last birthday)	73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	West Virginia		
7b. CITIZEN OF WHAT COUNTRY?	U. S. A.		
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]			
9. COUNTY OF DEATH	Baltimore Md.		
10. CITY OR TOWN OF DEATH	Rossville		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Franklin Square Hospital		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife		
12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland		
13b. COUNTY	Baltimore		
13c. CITY OR TOWN	White Marsh		
13d. INSIDE CITY LIMITS? YES [ ] NO [X]			
13e. STREET AND NUMBER	5600 Ranelagh Road		
14. FATHER'S NAME First	Frank	Middle	Last Ayers
15. MOTHER'S MAIDEN NAME First	Della	Middle	Last Bush
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No		
16b. SOCIAL SECURITY NO.	235-10-5534A		
17. INFORMANT	Husband: Mr. William M. Wilson	Address	5600 Ranelagh Road White Marsh, Md. 21162

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiorespiratory failure, Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this haspital) attended the deceased from 11-1, 1972, to 11-3, 1972, that (I) (we) last saw the deceased alive an 11-3 1972, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE S Kulathungam DEGREE — ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [XX] — 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type) S. Kulathungam — 22e. ADDRESS 9000 Franklin Square Drive

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-06-72	Cedar Hill Cemetery	Glen Burnie, Maryland	
24. FUNERAL DIRECTOR ADDRESS	John J. Duda 7922 Wise Ave. Dundalk, Md. 21222	25a. REC'D BY REGISTRAR DATE	NOV 8 1972	25b. REGISTRAR'S SIGNATURE Nancy H. Horton

1

17222

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17224

1. DECEASED-NAME (Type or print): First: Jean | Middle: A. | Last: Wilson

2a. DATE OF DEATH: Month: Nov. | Day: 26, | Year: 1972

2b. HOUR: M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: July 28, 1906

6. AGE (In years last birthday): 66 YRS. | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

9. COUNTY OF DEATH: Baltimore Md.

10. CITY OR TOWN OF DEATH: Owings Mills

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 106 Pleasant Hill Rd.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife

12b. KIND OF BUSINESS OR INDUSTRY: ---

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Balto.

13c. CITY OR TOWN: Owings Mills

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: 106 Pleasant Hill Rd.

14. FATHER'S NAME First: John | Middle | Last: Adams

15. MOTHER'S MAIDEN NAME First: Marie | Middle | Last: Akers

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 218-18-9907

17. INFORMANT: C. Shelton Wilson (Address) 106 Pleasant Hill Rd Owings Mills, Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few hours

DUE TO, OR AS A CONSEQUENCE OF (b): C.V.A. — few years

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH [ ] OR CONTRIBUTING [ ]

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. | City or Town | County | State

22a. I certify that (I) (this hospital) attended the deceased from 11-1-72, 19____, to 11-26-72, 19____, that (I) (we) last saw the deceased alive on 11-15-72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James Saffell MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 11-27-72

22d. PHYSICIAN'S NAME (Type): James Saffell MD

22e. ADDRESS: Reisters Town, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 28, 1972

23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland

24. FUNERAL DIRECTOR: H.G. Eckhardt

ADDRESS: Owings Mills, Md.

25a. REC'D BY REGISTRAR DATE: NOV 29 1972

25b. REGISTRAR'S SIGNATURE: Sidney N. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17223 — 17225

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (1))

1. DECEASED-NAME (Type or print) First / Middle / Last	JOHN ARTHUR WILSON, Sr.
2a. DATE OF DEATH Month / Day / Year	NOV 21 1972
2b. HOUR	8;30 PM
3. SEX	MALE
4. RACE	WHITE
5. DATE OF BIRTH	4-22-97
6. AGE (In years last birthday)	75 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HOURS: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	MD.
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	BALTIMORE COUNTY Md.
10. CITY OR TOWN OF DEATH	RANDALLSTOWN
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	BALTIMORE CO. GENERAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	RETIRED
12b. KIND OF BUSINESS OR INDUSTRY	Self-Paper hanger Employed
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	~~MONTROSE AVE.~~ Maryland
13b. COUNTY	BALTIMORE
13c. CITY OR TOWN	GARRISON
13d. INSIDE CITY LIMITS? YES ☐ NO ☒	
13e. STREET AND NUMBER	MONTROSE AVENUE
14. FATHER'S NAME First / Middle / Last	JAMES WILSON
15. MOTHER'S MAIDEN NAME First / Middle / Last	ROSELIA GOVER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	Yes
(If yes give war or dates of service)	WW I
16b. SOCIAL SECURITY NO.	220-07-3621
17. INFORMANT Address	Ethel Martz 7 Montgomery Road, Owings Mills, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Embolism massive — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

(b) Pneumonia, Congestive Heart failure

DUE TO, OR AS A CONSEQUENCE OF

(c) & shock. Possible Gram neg septicemia

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. — 575X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	10.26.72 11.4.72
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	Gangrenous Cholecystitis
20a. AUTOPSY? YES ☐ NO ☑	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING CAUSE ☐ OR CONTRIBUTING ☐	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 10. 19, 1972, to 11.21, 1972, that (I) (we) last saw the deceased alive on 8:20 PM, 11.21 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Maynard A Lyndale, DEGREE — ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☑

22c. DATE SIGNED: 11, 21, 72.

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	Nov. 24, 1972	Evergreen Mem. Gardens	Finksburg, Carroll, Md.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
H. J. Eckhardt	Owings Mills, Md.	NOV 27 1972	Sidney H. Watson	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17224 17226

Item#11, Film 3455 12/20/72 kam

CERTIFICATE OF DEATH

1

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
George	Herbert	Wisner, SR	Nov	28	1972	2A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
Male	White	Sept 28 - 1887	85 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Baltimore	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Upperco 21155	died at home,	Farmer	

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md	Baltimore	Upperco		Rural

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	Hinkle	Wisner	Jane	A	Armacost

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	212-40-6027	John Wisner	Upperco, Md 21155

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	1 hr
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic Heart Disease	5 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Nat while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Sept, 1965, to Nov 28, 1972, that (I) (we) lost saw the deceased alive on Jan 1970, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
W H Foard MD					11/28/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
W H Foard MD	25 N. Main St Manchester, Md 21102

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	12-1-72	Mt. Zion Cemetery	Upperco	Balto	Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Eline Funeral Home, Hampstead. Md.	DEC 4 1972	Sidney M Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25m-1/70

1

FOR STATE HEALTH DEPT.

17225

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17227

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: JOHN	Middle: J.	Lost: WOLSKI	2a. DATE KNOWN OF ESTIMATED DEATH: Month NOV Day 24 Year 1972	2b. HOUR 8:15 A M			
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 12/25/05	6. AGE (In years last birthday): 66 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month NOV Day 24 Year 1972	2d. HOUR 9:40 A M		
7a. BIRTHPLACE (State or foreign country): MD.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: BALTO Md.				
10. CITY OR TOWN OF DEATH: MIDDLE RIVER	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): RT. 14 BOX 564	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): RETIRED	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: BALTO	13c. CITY OR TOWN: MIDDLE RIVER	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: RT. 14 BOX 564			
14. FATHER'S NAME First: FRANK	Middle:	Lost: WOLSKI	15. MOTHER'S MAIDEN NAME First: UNK	Middle:	Lost:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 214-03-3221	17. INFORMANT: SABINA WOLSKI	ADDRESS: ABOVE				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY OCCLUSION
DUE TO, OR AS A CONSEQUENCE OF (b): CHRONIC ISCHEMIC HEART
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: N/A	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?: NONE	20. AUTOPSY? YES ☐ NO ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 NONE	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote

22a. **I certify** that I taak charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE M.B. Davis M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
EXAMINER'S NAME (Type) M.B. DAVIS 6800 MORNINGTON
ADDRESS (Street, city, town, or county)
22b. **DATE SIGNED** 11/25/72

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11/28/72	23c. NAME OF CEMETERY OR CREMATORY: GARDENS OF FAITH	23d. LOCATION (City or Town): BALTO.	(County): MD (Stote):
24. FUNERAL DIRECTOR: J.G. CONNELLY	ADDRESS: 300 MACE	25a. REC'D BY REGISTRAR DATE: NOV 27 1972	25b. REGISTRAR'S SIGNATURE: Sidney Hinton	

DHMH-17 1/71 10M
(VR A15ME (6)

1

17226

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17228

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
George	A.	Wright - Jr.	Nov 7 1972	11:30 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
M	W	March 31 1886	86 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Md.	U. S. A.		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Parkville	2447 Woodcroft Rd	Sales Engineer	Telephone Co.

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md	Balto	Parkville		2447 Woodcroft Rd

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
George	A.	Wright	Mary		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No			Joseph B Wright	Same

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ca of Pancreas Local Metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF (b) ASCVD.

DUE TO, OR AS A CONSEQUENCE OF (c) Paget Disease Bone

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 149X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Prostatectomy - Sigmoid Colon

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—		

21a. ACCIDENT WAS OR CONTRIBUTING ☐ (If either, notify medical examiner) UNDERLYING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from [illegible], 19 68, to Nov 1, 19 72, that (I) (we) last saw the deceased alive on Nov 1, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Donald M. Munkus	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	11/3/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	11/6/72	New Cathedral	Baltimore		Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Chas. F. Evans & Son	8802 Harford Rd	NOV 8 1972	Sidney M Norton

DHMH - 1633/7225M
(VR A15 (4))

1

FOR STATE HEALTH DEPT.

17227

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17229

1. DECEASED-NAME (Type or Print): First: Alice | Middle: P. | Lost: Wyatt

2a. DATE KNOWN OF DEATH ESTIMATED ☐: Month 11 Doy 8 Year 1972 — 2b. HOUR 11P M

3. SEX: F — 4. RACE: white — 5. DATE OF BIRTH: 8/31/91 — 6. AGE (In years last birthday): 81 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

2c. DATE PRONOUNCED DEAD Month 11 Doy 9 Year 1972 — 2d. HOUR 9A M

7a. BIRTHPLACE (State or foreign country): Va. — 7b. CITIZEN OF WHAT COUNTRY?: U S A — 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 9. COUNTY OF DEATH: Balto. Co. Md.

10. CITY OR TOWN OF DEATH: Woodlawn — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 2007 Greengage Rd. — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): house wife — 12b. KIND OF BUSINESS OR INDUSTRY: home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Va. — 13b. COUNTY: — 13c. CITY OR TOWN: Richmond — 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 2608 Rettig Rd.

14. FATHER'S NAME First: Earnest — Middle: — Lost: Hiscoch — 15. MOTHER'S MAIDEN NAME First: Catherine — Middle: — Lost: Parham

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO.: 227 64 6434 — 17. INFORMANT ADDRESS: Wm. Davis 2007 Greengage Rd, Balto. Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): A.C.U.H.D — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John T. Schaefer — M.D.
EXAMINER'S NAME (Type): SCHAEFER
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: 11-9-72 Baltimore

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 11/11/72 — 23c. NAME OF CEMETERY OR CREMATORY: Blandford Cem. — 23d. LOCATION (City or Town) (County) (State): Petersburg Va.

24. FUNERAL DIRECTOR — ADDRESS: John T. Stansbury 6411 Windsor Mill Rd.

25a. REC'D BY REGISTRAR DATE: NOV 13 1972 — 25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM13. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR A15ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

17228

Item#7a,b,Film3454 12/7/72 kam

17230

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR
BERTHA		WYATT	11 28 72	7:27 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
FEMALE	WHITE	MAY 21, 1920	52 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Balto., Md.	U.S.A.		BALTIMORE Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND	FRANKLIN SQUARE HOSPITAL	HOUSEWIFE	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	BALTIMORE		YES ☐ NO ☒	1024 MIDDLESEX ROAD

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Last
GEORGE		GOODMAN	ANNA		-

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO	--------	MRS. PATRICIA BROOKS 913 S. CURLEY ST., BALTO.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest

4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Myocardial infarction.

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 11 - 23 - 19 72 to 11 - 28 - 19 72, that (I) (we) last saw the deceased alive on 11 - 28 - 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
[signature]		☐	☐	☑	11 - 28 - 72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
SUNDARA RAO	9000 FRANKLIN SQUARE DRIVE

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	DEC. 1, 1972	BALTIMORE NATIONAL	5501 FREDERICK AVE. BALTO., MD.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
LILLY & ZEILER, INC., 1901 EASTERN AVE.	NOV 30 1972	Sidney H. Norton

DHMH - 163/72 25M
(VR A15 (4))

1

FOR STATE HEALTH DEPT.

17229

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17231

1. DECEASED-NAME (Type or Print) First	Middle	Lost	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month Doy Year	2b. HOUR
THELMA	M.	YAWN	11-5- 72	6:35a M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month Doy Year	2d. HOUR
female	white	Feb. 19, 1915	57 YRS.			11 5 1972	6:35a M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Florida	USA		Baltimore Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Catonsville	Spring Grove Hospital	Housewife	-

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Pr.Geo.	Landover	YES ☒ NO ☐	2700 75th Ave.

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Alex		Motes	Unknown		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT (Daughter)	ADDRESS
No	-	224-12-0985	Mrs. Alice N. Roger	Same as above

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute bronchitis, bilateral, with right lower lobe

466x

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) pneumonitis

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that I taak charge af the remains described abave, held an Autapsy ☒, Inspectian ☐, Inquiry ☐, and in my apinian death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE R Fisher M.D.

EXAMINER'S NAME (Type) Russell S. Fisher, M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 11-6-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Burial	Nov. 9, 1972	Ft. Lincoln Cem.	Colmar Manor Pr.Geo. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Nalley's Funeral Home, Inc. Mt. Rainier, Md.	NOV 13 1972	Sidney M Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending," in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 (Rev. 7-71) 10M
(VR A15M (S))

3300

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17230 — 17232

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (7-71) 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First BABY; Middle GIRL; Lost YEWITT
2a. DATE OF DEATH: Month 11; Day 06; Year 72
2b. HOUR: 11:35 P
3. SEX: FEMALE
4. RACE: NEGRO
5. DATE OF BIRTH: 11/06/72
6. AGE (In years last birthday): YRS.; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS 5, MIN. 35
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: UNITED STATES
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: BALTIMORE Md.
10. CITY OR TOWN OF DEATH: TOWSON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): ST. JOSEPH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY
13c. CITY OR TOWN: BALTIMORE
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 2437 Federal St. 21213
14. FATHER'S NAME: First LOUIS; Middle; Lost YEWITT
15. MOTHER'S MAIDEN NAME: First IRIS; Middle ROXANNE; Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: Address HOSP RECORDS

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PREMATURITY;
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.
(b) PULMONARY ATELECTASIS.
DUE TO, OR AS A CONSEQUENCE OF
(c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medicol examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (this hospital) attended the deceased from 11/06, 19 72, to 11/06, 19 72, that (I) (we) last saw the deceased alive on 11/06 19 72, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Florecita P. Palomo md
DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 11-07-72
22d. PHYSICIAN'S NAME (Type): FLORECITA PALOMO, M.D.
22e. ADDRESS: 7620 York Rd., Balto., Md. 21204

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 11-9-72
23c. NAME OF CEMETERY OR CREMATORY: U of M. ANATOMY BOARD
23d. LOCATION (City or Town) (County) (State): BALT. MD.
24. FUNERAL DIRECTOR: RAYMOND J. CURRAN
ADDRESS: 817 SCARLETT DR, TOWSON, MD. 21204
25a. REC'D BY REGISTRAR DATE: NOV 15 1972
25b. REGISTRAR'S SIGNATURE: Lindsay Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17231 — 17233

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 5 days with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (VR 1/75 30M (4))

1. DECEASED-NAME (Type or print) First	Louis
Middle	E.
Last	ZIMMERMAN
2a. DATE OF DEATH Month Day Year	Nov. 5 1972
2b. HOUR	8:30 AM
3. SEX	MALE
4. RACE	White
5. DATE OF BIRTH	3-16-1885
6. AGE (In years last birthday)	87 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	BALTIMORE
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	BALTIMORE Md.
10. CITY OR TOWN OF DEATH	CATONSVILLE
NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Little Srs of The Poor
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Butcher
12b. KIND OF BUSINESS OR INDUSTRY	—
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MD
13b. COUNTY	BALTIMORE
13c. CITY OR TOWN	LANDSDOWNE
13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	2928 Charleston Ave.
14. FATHER'S NAME First	Wm.
Middle	HENRY
Last	Zimmerman
15. MOTHER'S MAIDEN NAME First	Christianna
Middle	
Last	ZAISER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	215-10-2072A
17. INFORMANT Address	Little Srs of The Poor 21228

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Sudden Death - Massive myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF (b): Long standing Chronic congestive

DUE TO, OR AS A CONSEQUENCE OF (c): Heart failure & arrhythmias

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** thot (I) (this hospital) attended the deceased from _____, 19 20, to Nov 5, 19 72, thot (I) (we) last saw the deceased alive on 11-5-19 72 ond thot in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Stanley Andidas M.D. DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED 11.6.72

22d. PHYSICIAN'S NAME (Type) Stanley Andidas M.D.

22e. ADDRESS 1101 MAIDEN Ch. LANE 21229

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	11-8-1972	Lorraine Park Cemetery	Woodlawn, Maryland	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Howard H. Hubbard,	4107 Wilkens Ave. 21229	NOV 10 1972	Lindsay Norton	